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ABSTRACT

The results of a study on the health care needs and utilization patterns of Hispanic (primarily Mexican American) families in southeastern Wisconsin are presented in this report. The methodology of the study, which included two surveys in a 9 county area, is described. Findings of the two studies, one focusing on health services utilization by Hispanics and the other focusing on provider resources and services for Hispanic clients, are detailed. For the utilization survey, information is presented on background characteristics, source of health care, health status, dental care, family planning, pregnancy and pre-natal care, mental health, and the health insurance coverage of the survey population. Problems in obtaining health care and services desired by Hispanics are also described. For the provider survey, information is presented on the number of Hispanic clients served, services provided, geographical distance of Hispanic clients from health care providers, availability of bilingual health personnel, barriers to care, and special programs for Hispanic clients. Ways in which health care for Hispanics can be improved are suggested. Appended to the report is a list of pertinent literature reviewed by the surveyors and copies of the survey instruments. (GC)

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HISPANIC HEALTH CARE

Survey of SOUTHEASTERN WISCONSIN

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CHAPTER ONE

HISTORY AND PURPOSE OF PROJECT

History

United Migrant Opportunity Services, Inc. was awarded a grant in December, 1977, by the Wisconsin Department of Health and Social Services, to conduct a study of the health care needs of resident Hispanics in southeastern Wisconsin. The counties to be included in the study were Jefferson, Ozaukee, Washington, Dodge, Walworth, Racine Kenosha, Waukesha, and Rock.

Work on the project officially began in early December after a project director was hired and consultants contracted. An office for the project was established at the central office of United Migrant Opportunity Services, Inc. in Milwaukee. United Migrant Opportunity Services, Inc., established in 1964, is a private, non-profit corporation which presently serves migrant and seasonal farmworkers and Spanish-speaking persons in 46 Wisconsin counties.

Purpose

There is a significant Hispanic population that lives and works year-round in Wisconsin, particularly in southeastern Wisconsin. The Spanish-speaking population in the above-mentioned nine counties is estimated to be 17,715*. However, until recently, there has been very little data available on the current patterns of utilization of health care by Hispanics in this area.

The goals of this project are to determine whether the health care needs of Hispanic families, particularly mothers and children, are being met and to offer recommendations for the solution of any problems that may exist.

*Wisconsin Department of Industry, Labor and Human Relations: Bureau of Research and Statistics, October, 1977.

Therefore, the purpose of this project is to:

1) Determine the current patterns of utilization of health care by Hispanics living in the nine-county survey area.

2) Identify the provider resources available in each county.

3) Identify any unique health care needs or barriers to health care experienced by Hispanics.

4) Make recommendations for the solution of any problems discovered in the delivery of health care to Hispanics.

In order to collect the necessary data, two separate surveys were conducted. First, a survey of resident Hispanic families in the nine-county area was conducted: The Hispanic Health Care Survey. Second, a survey of health care providers in area was conducted: The Hispanic Health Care Provider Survey.

The following is a report of the development and findings of the project along with recommendations based on these findings.

CHAPTER TWO

REVIEW OF LITERATURE

At the inception of the project, a literature review of existing health care surveys and related projects, reports and professional articles was conducted. The purpose of the literature review and other research was to:

1) Obtain existing health survey instruments designed particularly for the Spanish-speaking population as well as for the majority population;

2) Obtain comparative majority population data;

3) Obtain comparative Hispanic population data;

4) Study the professional research already done on the specific health care problems and needs of the Hispanic population.

A complete list of sources contacted and material reviewed is included in Appendix A.

Although many sources were reviewed, the two most helpful were the "1977 Wisconsin Health Status Survey" conducted by the Southeastern Wisconsin Health Systems Agency, Inc. and the study "Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson Counties" conducted by the Department of Rural Sociology - University of Wisconsin Extension, under the direction of Doris F. Slesinger.

The "1977 Wisconsin Health Status Survey" consisted of 8,811 households representing 26,256 individuals throughout the state. The first two volumes of findings were published in July, 1978. This study would be used as the principal source of comparative data for the non-target, majority population. The questionnaire used in this study, although not as lengthy as the "Hispanic Health Care Survey" questionnaire, contained the major components needed for comparison with the majority population. Specifically, these components consisted of 1) place of usual health care, 2) time interval since last doctor's visit, 3) time interval since last routine physical check-up, 4) time interval since last dentist visit, 5) number and percent of persons covered by health and hospital insurance, and 6) various demographic characteristics.

Although regional statistics were available for this study, statewide statistics were used as the comparative majority population data.

"Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson Counties", conducted by Doris P. Slesinger and Donald Johnson of the Department of Rural Sociology, University of Wisconsin-Extension, served as the basis of comparison with existing Wisconsin Hispanic health care data. It was also an extremely important guide in the establishment of procedures and in the development of a survey instrument for a Hispanic population. The study was corducted in 1976. In total, 133 families in Dane, Dodge and Jefferson counties were interviewed. The report of the findings was published in June, 1977.

CHAPTER THREE

METHODOLOGY

Design of Hispanic Health Care Survey Instrument

A survey instrument focusing on consumer health needs was developed with the objectives of attaining efficiency in data collection and providing structural similarily with other surveys. A questionnaire was developed in March and was printed and distributed to the interviewers in April. Field testing which resulted in a few minor revisions was conducted from April 11th to April 17th. The survey instrument was then translated into Spanish and printed separately in both English and Spanish, giving the respondents the option of choosing the language they would prefer to use during the interviews. Consideration was given to the following concerns:

1) The construction of a survey which was simple to understand, easy to administer and relatively short in length;

2) The collection of data which would meet the objectives of the project proposal;

3) The ability to compare data with the non-target, majority population such as the "1977 Wisconsin Health Status Survey" results;

4) The ability to compare data with existing Hispanic health care date such as, the study "The Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson counties (1977);" and

5) The inclusion of these topics in the survey instrument:

   a. Present patterns of utilization of health care facilities, including the place Hispanic families go for health care, the length of time since the last visit to the doctor, and the reason for this visit.

   b. Number of persons with chronic illnesses, disabilities and health problems, type of condition and need for special care resources or training.

   c. Present patterns of utilization of dental facilities, including the place families go for dental care, length of time since last visit and the nature of the treatment received.

d. Female respondent's need for family planning information and use of contraceptives. Questions regarding prental care would be asked of household members who were pregnant at the time of the interview.

e. Number of households affected by serious personal or family problems and nature of treatment received or reasons for non-treatment.

f. Extent and nature of insurance coverage, reasons for non-coverage and consequences of non-coverage.

g. Problem in obtaining health care, including language difficulties, inconvenient hours, lack of transportation, etc.

h. Health services needed by Hispanics at the present time, including knowledge of existing health programs and services, suggestions for the improvement of existing services and the creation of additional services.

i. Household information
   1. Household composition
   2. Relationship to head/age/sex
   3. Education
   4. Employment
   5. Ethnic heritage
   6. Length of county residency
   7. Source of income/total income

Format of Questionnaire. Emphasis was placed on designing a questionnaire that had an objective, multiple-choice type structure. The final questionnaire called for frequency, intensity and other quantitative kinds of answers rather than qualitative answers. Questions regarding attitudes were minimized or re-formatted into choices that could be quantifiable. Rather than ask the respondent "how she felt", this questionnaire focused on respondent behavior to particular health care items. The investigators judged behavior to be a more valid indicator of health care needs than respondent attitudes. A second reason for using this type of format was that less subjectivity would be needed to interpret results and data analysis would be more straightforward.

In order to enhance respondent participation, consideration was given to keeping the number of questions to a minimum while securing detailed information on necessary components.

By comparison, the "Wisconsin Health Status Survey" contained 31 questions and the "Health Care Needs of an Hispanic population in Dane, Dodge and Jefferson Counties" 106 questions.

The survey was designed to be completed in an optimum time of 45 to 60 minutes, depending on the size of the family.

Sampling Procedures

Using population estimates from the State of Wisconsin and drawing upon techniques from a prior survey* a sampling procedure was devised which would interview members of the target Hispanic population. Comparative statistics would be acquired for the majority, non-target population using the results of the "1977 Wisconsin Health Status Survey." The selection of the sample for this survey consisted of the following tasks:

1. Population estimates for Spanish-speaking persons in each of the nine counties were obtained from the State of Wisconsin.**
2. Consistent with the study "The Health Care Needs of a Hispanic population in Dane, Dodge and Jefferson Counties," the Hispanic population estimate was divided by 3.9, the average size of a Hispanic family according to that study, in order to find the estimated number of Hispanic families in each county.
3. From this estimated number of Hispanic families in each county, dual criteria were applied to determine the total number of households to be interviewed and the percentage of the estimated number of Hispanic families in each county to be interviewed.

Criteria A: The project staff desired to have a minimum of 50 family interviews in each county. This minimum size would permit statements and conclusions to be drawn for each county.

Criteria B: The overall project budget permitted a maximum of 700 interviews to be performed adequately and in accordance with the time schedule.

* "The Health Care Needs of Hispanic population in Dane, Dodge and Jefferson Counties (1977)."

** 1976 population estimates published in October, 1977, by the Bureau of Research and Statistics of the Wisconsin Department of Industry, Labor and Human Relations.

Therefore, using these two criteria as a base and ceiling, it is evident that the percentage of Hispanics sampled in each county would vary. That is, in counties with a smaller Hispanic population, a higher percentage of the population would be sampled and in counties with a greater Hispanic population, a smaller percentage would be sampled. The absolute number of interviews would, of course, increase according to the size of the county Hispanic population but not in direct proportion.

4. A random sample would be selected from a list of Hispanic household identified in the nine-county survey area.

Table I presents the sampling process by county, including the total estimated Hispanic population for each county, the estimated number of Hispanic households in each county, the total number of households in the original sample and the percentage of Hispanic households to be interviewed in each county based on population estimates.

Table I

The Sampling Process by County

County	Total estimated Hispanic population	Estimated number of Hispanic Households	Original number in sample	Percent of population to be interviewed
Washington	374	96	50	52%
Ozaukee	445	114	50	44%
Dodge	567	145	55	38%
Jefferson	642	165	55	33%
Rock	810	208	75	36%
Walworth	968	248	75	30%
Kenosha	3,296	845	100	12%
Waukesha	3,961	1,016	100	10%
Racine	6,652	1,706	150	9%
Total	17,715	4,543	710	16%

Identifying Resident Hispanic Households. The resident Hispanic population in the nine-county survey area had to be identified before the sample could be drawn. In order to determine this population, a list of resident Hispanic households was compiled for each county. Numerous sources were checked in order to compile this list. First, the telephone directory for each community was checked for Spanish surnames. Public records such as birth, marriage and property tax records were checked along with voter registrations. Local Latino organizations were contacted for help as well as all district United Migrant Opportunity Services, Inc., offices in the survey area. In some areas, churches, schools and employers were contacted. Names of known migrants, however, were excluded from this study. The names and addresses of heads of households were grouped and recorded by county. This procedure was used to identify and locate the population because of the absence of a centralized list of Hispanic households.

Although many sources were contacted, it was not possible to locate all Hispanic households living in the survey area at the time of the interviewing. Persons most likely to have been omitted include those who recently moved into the area, those with no telephone, and those with no established ties to the community. Some Hispanic families that do not have a Spanish surname may have also been excluded, although attempts were made to include families in which one spouse was Anglo and the other Hispanic. It is fair to assume that the sample may tend to include more people who are long time residents, who are well-established in the community and who are more likely to be aware of health services available to them.

A total of 3,382 Hispanic households were identified by name and address in the nine-county area. These households served as the population from which the sample was drawn. Table 2 presents the Hispanic households identified by county including, the estimated number of Hispanic households in each county (estimated Hispanic population divided by 3.9--the average size of an Hispanic household), the actual number of Hispanic households identified by name and address in each county, and the percent of households identified in each county.

Table II

Hispanic Households Identified by County

County	Estimated number of Hispanic households	Number of identified Hispanic households	Percent of Hispanics households identified
Washington	96	55	57%
Ozaukee	114	47	41%
Dodge	145	136	94%
Jefferson	165	155	94%
Rock	208	178	86%
Walworth	248	221	89%
Kenosha	845	616	73%
Waukesha	1,016	867	85%
Racine	1,706	1,107	65%
Total	4,543	3,382	74%

Approximately 74% of the Hispanic households were identified in the total nine-county survey area. The percent of families identified ranged from 94% in Dodge and Jefferson counties to 41% in Ozaukee county.

Random sampling. From the list of Hispanic households identified in each county a sample was drawn using the following procedures:

a. Using a random number table, a list of names was drawn from list of identified Hispanic households in each county.

b. A second list of names from Jefferson, Rock, Walworth, Kenosha Racine and Waukesha was drawn in the same manner to act as a replacement list for any attrition in the original sample.

c. Additional random number drawings of replacements were made in counties where there was high attrition and previous samplings were inadequate.

Survey Team

A Survey team was needed to conduct the household interviews in the nine-county survey area. The project staff had the responsibility of advertising for applicants, interviewing, selecting, training and monitoring.

Advertising. On February 18, 1978, the position of Hispanic Health Care Survey Interviewer was opened. The job description was as follows:

POSITION OPENING

Position Title: Health Care Survey Interviewers

Location: Racine, Kenosha, Walworth, Rock, Waukesha, Ozaukee, Washington, Jefferson and Dodge counties

Duties:

1. Interviews Hispanic families about health care services.
2. Completes survey questionnaires
3. Submits completed questionnaires to project supervisor.
4. Gives regular progress report to supervisor.
5. Performs special projects as assigned.

Desired Qualifications:

1. Bilingual in Spanish and English
2. Must have own car and adequate car insurance.
3. Able to handle confidential information.
4. Able to communicate with people of varying educational and income level.
5. Able to work irregular hours.
6. Able to work with minimal supervision.
7. Interested in needs of Spanish-speaking people.
8. Interviewing experience preferred.
9. Knowledge of health and health care services.

This job description was sent to all United Migrant Opportunity Services, Inc. offices, to all other Spanish organizations in the survey area, to government sponsored and other employment offices, to all universities and colleges in the survey area, to various social service agencies and to Spanish radio programs.

In addition, arrangements were made to advertise the position openings in the following newspapers:

Milwaukee Journal
Kenosha Times
Racine Journal Times
Beloit Daily News
Delavan Enterprise
Janesville Gazette
Beaver Dam Daily Citizen
West Bend News

Interviewing and Selection Process. All applicants were interviewed personally by the project director and selected on the basis of their qualifications. Only applicants who were bilingual and had adequate transportation were considered. Prime consideration was also given to an applicant's communication skills. It was extremely important that the interviewers had the ability to gain the confidence and trust of potential respondents.

Initially, seven interviewers were hired. The position was advertised again in counties where interviewers were still needed. An additional eight persons were hired totaling 15 persons who worked as Health Care Survey Interviewers.

Description of Survey Team. Of the fifteen persons who worked as Hispanic Health Care Survey Interviewers, five were men and ten were women. Nine of the interviewers were of Latin origin and six were Anglo; however, all the interviewers spoke both Spanish and English.

The interviewers came from various parts of southeastern Wisconsin. There were two interviewers from Kenosha county, two from Rock, one from Waukesha, one from Jefferson, one from Dodge, one from Washington, one from Walworth and six from Milwaukee. Milwaukee based interviewers worked primarily in Waukesha and Racine counties.

The frequency and intensity of the interviewing varied for members of the survey team. Interviewers had the option of working either full-time or part-time hours. The interviewers worked from two weeks to two months depending of the needs of the survey and their own personal schedules.

Survey Team Training. Training sessions for interviewers were held April 11th and April 26th at the project headquarters in Milwaukee. The project director and consultants conducted the training sessions. The two sessions, ranging approximately three to four hours in length, covered the following topics:*

1) Purpose and Goals of the Hispanic Health Care Survey Project

This study was designed to collect information regarding the health care needs of the Hispanic population in southeastern Wisconsin in order that health care providers might better meet these needs. The role of the interviewer in obtaining accurate and meaningful data was crucial. Therefore the purpose and goal of the survey were explained to the interviewers and the importance of their role in achieving these goals was stressed.

2) Information about United Migrant Opportunity Services, Inc.

Interviewers were given background information about the sponsoring organization and the history of its involvement in the project.

3) Sampling of households to be interviewed

An explanation of sampling procedure was given and the importance of following it was stressed.

4) Filling out the Survey Questionare

As assurance of uniformity, interviewers were given explicit and detailed instructions as to the proper way to record survey information.

5) Handling particular situations and problems

Possible problem situations and potential questions of respondents were discussed.

6) Administration matters

This consisted of explanations of weekly reports to the office, use of time and mileage sheets and necessary supplies.

*A particularly useful aid in planning the training sessions was community Survey with Local Talent: A Handbook, Eve Weinberg National Opinion Research Center; Chicago, Ill. 1977.

7) Practice interviews

A demonstration of the interviewing process was presented. Discussion and criticism followed. The survey team participated in practice interviews which were then critiqued.

After the two training sessions all interviewers were required to conduct four practice interviews. This procedure enabled the interviewers to discuss any structural or procedural diffidculties on an individual basis with the project director.

Hispanic Health Care Provider Survey

When the Hispanic Health Care Survey Project began in December, 1977, an inventory of the health care providers in the nine-county survey area was taken. However, plans for the development of a survey instrument for the health care providers were set aside until May, 1978, when the groundwork for the Hispanic Health Care Survey of households was underway.

The purpose of the Health Care Provider Survey was to:

1) Identify health services and resources available to Hispanics in the nine-county survey area;

2) Determine the barriers to providing good health care to Hispanics as perceived by the health care providers; and

3) Obtain the opinions of health care providers regarding the types of services or programs that might be needed to improve health care to Hispanics.

Design of Survey Instrument. The following items were included in the survey questionnaire:

a. The number or approximate number of Hispanic clients served by the provider agency;

b. The types of services offered and the services most frequently utilized by Hispanics;

c. The proximity of Hispanic clients to the provider location;

d. The need for and the availability of bilingual health care personnel;

e. Barriers in providing effective health services to the Hispanic population;

f. Existing services (educational, outreach, follow-up) geared specifically to the Hispanic population and

g. Provider comments and opinions on how health care for the Hispanic popualtion could be improved.

Format of Questionnaire. Time and monetary considerations mandated that the Health Care Provider Survey would be a mail survey. Consideration was given to the busy schedules of health care providers so the survey questionnaire was kept brief and concise. The six page questionnaire, consisting of 19 questions, required 15 to 20 minutes to complete. Most responses required a check mark.

Respondents. The survey questionnaire and cover letter were sent to all hospitals, public health and school health departments, and visiting nursing services in the nine-county area. It was also sent to the principal medicaland mental health clinics, family planning clinics and social service organizations that provide health-related or counseling services. Also, a number of private physicians and dentists in the survey area were included. The physicians and dentists selected were those mentioned most frequently by Hispanic families as their primary source of health care. A sample size adequate to be inclusive of all segments of health care delivery was identified.

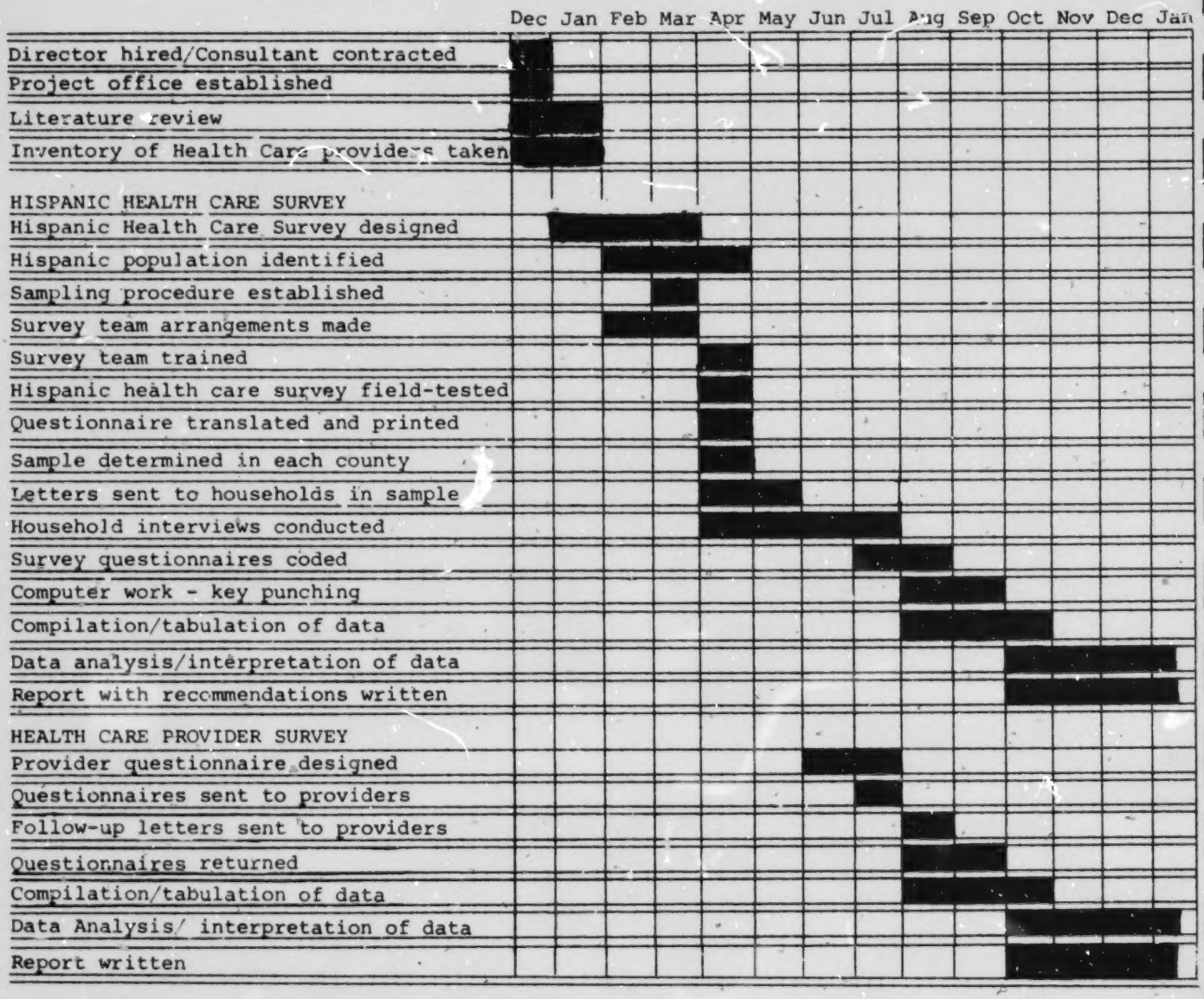
At the end of July, 1978, 179 questionnaires were mailed. The survey was sent to the director of the agency, practice or program. The health care providers were asked to return the questionnaire to the project office. In some instances, a follow-up letter was sent to encourage participation. Responses were received throughout August and September.

Timetable

Table III presents the sequence of tasks performed in the accomplishment of the project.

TABLE III

Sequence of Tasks Performed


Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan
Director hired/Consultant contracted
Project office established
Literature review
Inventory of Health Care providers taken
HISPANIC HEALTH CARE SURVEY
Hispanic Health Care Survey designed
Hispanic population identified
Sampling procedure established
Survey team arrangements made
Survey team trained
Hispanic health care survey field-tested
Questionnaire translated and printed
Sample determined in each county
Letters sent to households in sample
Household interviews conducted
Survey questionnaires coded
Computer work - key punching
Compilation/tabulation of data
Data analysis/interpretation of data
Report with recommendations written
HEALTH CARE PROVIDER SURVEY
Provider questionnaire designed
Questionnaires sent to providers
Follow-up letters sent to providers
Questionnaires returned
Compilation/tabulation of data
Data Analysis/ interpretation of data
Report written

CHAPTER FOUR

THE SAMPLE

Household interviews of Hispanic families began in late April and continued into July of 1978. Altogether, 525 households in the nine-county survey area were interviewed. The original sample called for approximately 700 household interviews; however, due to time and monetary constraints, this plan was modified.

Before the interviewing process began, a letter written in both Spanish and English was sent to the 695 randomly-selected households in the original sample. (See Appendix B) The letter explained the purpose of the project and informed the households that a member of the survey team would be contacting them for an interview in the near future.

Interviewers were given an individual list of names and addresses of households in a particular area to contact. If an interview could not be taken at a particular household, the interviewer who visited the houshold was instructed to indicate the reason. Possible reasons for not conducting an interview were that the family refused to be interviewed, that there were no Hispanics living in the household, that the family had moved away with no way to locate them, or that contact could not be established after repeated calls.

Some of the introductory letters were returned by the post office because of non-deliverability. These names were eliminated from the list and in June, additional letters were sent to households randomly selected from the replacement list in the counties where more interviews were desired.

A total of 260 families were reported as having moved away. This number is the total of those households whose letter of introduction was returned with no forwarding address available and households where the interviewer was informed that the family had moved away and that their new address was unknown. In many cases the interviewer learned that the family had moved out of state or out of the survey area.

A total of 66 families contacted were not Hispanic or did not consider themselves part of the Spanish-speaking community. This included families with Hispanic surnames that said they had lived in the area for generations and did not speak Spanish.

Table IV is a summary table of the final sample.

Table IV

Summary Table

	Number	Percent
Potential responding households	824	100.0
Households not considered Hispanic	66	8.0
Refusals	98	11.9
Households where no one was at home after repeated calls	135	16.4
Completed interviews	525	63.7

In most cases the interviewers reported that the families contacted were very cooperative and interested in the project with only 11.9% of the families refusing to be interviewed.

The following is the number of household interviews conducted by county.

Table V

Completed Household Interviews by County

County	Households
Racine	117
Waukesha	94
Kenosha	86
Walworth	67
Rock	53
Jefferson	46
Washington	31
Ozaukee	17
Dodge	14
Total	525

Language of the Interviews

Respondents were asked to indicate whether they would feel more comfortable speaking in English or Spanish. As indicated in Table VI, two-thirds of the interviews were conducted primarily in English and one-third were conducted primarily in Spanish or in a combination of Spanish and English.

Table VI

Language of Interviews

Language	Number	Percent
English	335	67.6
Spanish	131	25.0
Both English and Spanish	39	7.4
Total	525	100.0

Choosing the Respondent

Interviewers were instructed to question the wife of the head of the household or the female head of the household since this person was assumed to be the most knowledgeable of the entire family's health. If there were no female head of household or wife of the head of the household, the male head was interviewed. The final alternative was to interview any adult female household member.

Other family members were allowed to be present during the interview.

CHAPTER FIVE

FINDINGS OF HISPANIC HEALTH CARE SURVEY

Background Characteristics

As the basis for the study, data were gathered about respondents apart from their health care needs. This background information included size and composition of households, age distribution and sex, level of educational attainment, employment and occupational status, ethnic heritage, income source and level, and length of residency.

Household composition. A total of 2,280 individuals lived in the 525 households in the sample. About 51% were adults 18 years or older and 49% were children under 18. Table VII presents the number of persons in household.

Table VII

Number of Persons in Households

Number of Persons	Frequency	Percent	1977 Wisconsin Health Status Survey Percent
One	38	7.4	18.7%
Two	71	13.5	30.2
Three	88	16.8	17.0
Four	105	20.0	16.8
Five	86	16.4	9.0
Six or more	137	26.1	8.7
	525	100.0	100.0

The mean household size in the Hispanic health care survey was 4.34 household members compared to 2.98 household members for the general population in the "1977 Wisconsin Health Status Survey". The table demonstrates three differences between the Hispanic and general population. First, the number of one and two person households is much higher in the general population than in the Hispanic population. Second, larger families are more predominant in the Hispanic population as evidenced by the percentage of five or more person households. Third, the larger mean household size in the Hispanic population can be attributed to the first two factors mentioned.

Table VIII illustrates the household composition of the families interviewed.

Table VIII

Household Composition of Families Interviewed

Type of Household	Number	Percent	Dane, Dodge Jefferson Percent
Couples with children	330	62.8%	57.9
Mothers with children	60	11.4	6.8
Couples	52	9.9	9.0
Males alone	27	5.1	9.0
Females alone	11	2.1	6.8
Three generations	27	5.2	4.5
Other	18	3.4	6.8
	525	100.0%	100.0%

This table shows that most of the sample consisted of families with children. A very small percentage of the sample were single member households.

Relationship to Head of Household. Table IX below shows the relationship of each person to the head of the households. When compared to the "Health Care Need of an Hispanic Population in Dane, Dodge and Jefferson Counties", the percentages are almost identical.

Table IX

Relationship to Head of Household

Type of Relationship	Number	Percent	Dane, Dodge, Jefferson Percent
Head of Household	525	23.0	25.7
Spouse of head	413	18.1	19.3
Child of head (any age)	1,272	55.8	51.5
Parent or parent-in-law	17	.7	.8
Other relative	50	2.2	2.3
Friend/non-relative	3	.1	.4
	2,280	100.0	100.0

Age. The following table represents the age distribution of persons in sample:

Table X

Age Distribution of Persons in Sample

Age	Number	Percent
6 or under	411	18.0
7 - 12	374	16.4
13 - 17	328	14.4
18 - 25	336	14.7
26 - 35	334	14.6
36 - 45	231	10.1
46 - 55	145	6.4
56 - 65	73	3.2
66 - 75	28	1.2
76 or over	10	.4
No information	10	.4
TOTAL	2,280	100.0

This population is much younger than the general population, as demonstrated by a comparison of the age distribution of the Hispanic sample population with that of the general population of the state. The following table presents a distribution of age groups of the Hispanic Survey as compared to the state population.

Table XI

Comparison of Age Distribution with State Population

Ages	Hispanic Survey %	State Population % *
Under 5	12.5	7.4
5 - 14	28.5	18.7
15 - 44	46.5	43.0
45 and over	12.0	30.9

Sex of Household Members. The total number of persons in the survey were divided almost equally between men and women. Of the 525 households, 452 (86.1%) were headed by men and 73 (13.9%) were headed by women.

Educational Attainment. Approximately one-third of the heads of households and spouses have received a high school diploma or more. A further breakdown of educational attainment is demonstrated in Table XII on the following page.

* "1975 Projection Summary Consistent with Actual Deaths," Wisconsin Department of Administration, Demographic Services Center, 1978.

Table XII

Educational Attainment of Heads of Household and Spouses

Last year of School completed	Head of Household		Spouse of Head		Combined	
	Number	%	Number	%	Number	%
None	23	4.4	11	2.7	34	3.6
1 - 6	156	29.7	113	27.4	269	28.7
7 - 9	103	19.6	79	19.1	182	19.4
10 - 11	67	12.8	59	14.3	126	13.4
12	108	20.6	109	26.4	217	23.1
Some College	32	6.1	27	6.5	59	6.3
College Degree	15	2.8	10	2.4	25	2.7
Post Graduate Degree	11	2.1	2	.5	13	1.4
No Information	10	1.9	3	.7	13	1.4
TOTAL	525	100.0%	413	100.0%	938	100.0%

Employment. Nearly 80% of the heads of households were employed either full or part-time. Nearly half of the spouses were employed. Five percent of heads of households were available for employment. The following chart shows employment status of head of household and spouse:

Table XIII

Employment Status of Head of Household and Spouse

	Head of Household		Spouse of Head of Household	
	Number	Percent	Number	Percent
Employed full time	402	76.6%	149	36.1%
Employed part time	13	2.5	46	11.1
Student	7	1.3	3	.7
Housewife	28	5.3*	195	47.2
Disabled	18	3.4	4	1.0
Retired	20	3.8	1	.2
Unemployed	26	5.0	3	.7
No information	11	2.1	12	2.9
Total	525	100.0%	413	100.9%

* 38.4% of the 73 female heads of household.

The employment levels of the employed heads and spouses tended to cluster in an employment category designated "Operative". This category included such occupations as factory workers, welders, machine operators and other semi-skilled professions. The resident nature of the sample population is evidenced in the low percentage of persons who designated their employment as farm laborers, 4% in the cases of both head of household and spouse. Table XIV presents occupational levels of employed heads and spouses:

Table XIV

Occupational Levels of Employed Household Heads and Spouses

Occupational Level	Head of Household		Spouse	
	Number	Percent	Number	Percent
Professionals	41	9.9%	27	13.8%
Managers, proprietors	10	2.4	3	1.5
Clerical	7	1.7	16	8.2
Sales	3	.7	7	3.6
Craftsmen	3	.7	5	2.6
Operatives	228	54.9	72	36.9
General laborers	46	11.1	11	5.6
Farm laborers	17	4.1	8	4.1
Service workers	48	11.6	43	22.1
No information	12	2.9	3	1.5
Number employed full time or part time	415	100.0%	195	100.0%

Ethnic Heritage. Most heads of households classified their ethnic heritage as either Mexican or Mexican-American. However, there was a significant percentage of spouses of heads whose ethnic background was non-Hispanic. This would indicate the presence of a sizeable group of mixed marriages between Hispanics and non-Hispanics. Table XV presents a summary of ethnic background for heads and spouses:

Table XV

Ethnic Heritage of the Head of Household and Spouse

Heritage	Head of Household		Spouse of Head	
	Number	Percent	Number	Percent
Mexican/Mexican American	434	82.7	276	66.8
Puerto Rican	45	8.6	24	6.1
Non-Hispanic	22	4.2	91	22.0
Central or South American	6	1.1	8	1.9
Mixed Hispanic	5	.9	4	1.0
Spanish	4	.8	2	.5
Cuban	3	.6	2	.5
No information	6	1.1	5	1.2
	525	100.0	413	100.0

Length of County Residency. Survey data has confirmed that the sample reflected an established resident population. The low percentages in the "Less than one year" category may reflect the inability of sampling procedures to identify new residents. However, the large proportion of families having lived in the county for four or more years, more than 82%, tended to deny the presence of any sizeable migrant population in the sample and to confirm overwhelmingly a general pattern of stability for the sample Hispanic population in these counties. The length of residence varies according to county, with Dodge having over half of the respondents living in that county for a period of 3 years or less, and Rock having one-third of the respondents living in that county for a period of 3 years or less. The other counties have small percentages of respondents living there for a period of three years or less. The following table summarizes data on county residency:

Table XVI

Length of Family Residence by County

	Racine		Waukesha		Kenosha		Walworth		Rock		Jefferson		Washington		Ozaukee		Dodge		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Less than 1 year	2	1.7	2	2.1	6	7.0	0	0	6	11.3	2	4.3	0	0	0	0	5	35.7	23	4.4
1 to 2 years	4	3.4	6	6.4	4	4.6	2	3.0	10	18.9	3	6.5	4	12.9	0	0	2	14.3	35	6.7
2 to 3 years	3	2.6	4	4.3	3	3.5	2	3.0	3	5.7	3	6.5	3	9.7	1	5.9	3	21.4	25	4.8
4 to 6 years	16	13.7	16	17.0	19	22.1	8	11.9	7	13.2	4	8.7	5	16.1	4	23.5	2	14.3	81	15.4
7 to 9 years	9	7.7	8	8.5	8	9.3	9	13.4	9	17.0	4	8.7	5	16.1	4	23.5	1	7.1	57	10.9
10 to 14 years	19	16.2	9	9.6	11	12.8	13	19.4	5	9.4	7	15.2	4	12.9	7	41.2	1	7.1	76	14.5
15 to 20 years	23	19.6	18	19.1	8	9.3	18	26.9	4	7.5	5	10.9	2	6.5	0	0	0	0	78	14.8
More than 20 years	38	32.5	30	31.9	27	31.4	13	19.4	9	17.0	14	30.4	8	25.8	1	5.9	0	0	140	26.7
No information	3	2.6	1	1.1	0	0	2	3.0	0	0	4	8.7	0	0	0	0	0	0	10	1.9
	117	100%	94	100%	86	100%	67	100%	53	100%	46	100%	31	100%	17	100%	14	100%	525	100%

Source of Income/Household. Respondents were asked to indicate all sources of income in 1977. Because more than one source of income was cited by a number of families, the percentages in the following table exceeded a total of 100%:

Table XVII

Sources of Income for Households in 1977

N=525

Source	Number	Percent
Wages or salary	447	85.1%
Public Aid	83	15.8
Social Security or other retirement payment or pensions	62	11.8
Unemployment Compensation	53	10.1
Interest, Dividends or rental payments	30	5.7
Workmen's Compensation	22	4.2
Alimony or child support	22	4.2
V. A. Payments or armed forces allotments	13	2.5
Friends or relatives	6	1.1

In both Rock and Waukesha counties, approximately 80% of the sample households earned an income in excess of $10,000/year. This was not the case in the other counties where only 50 to 65 percent of the families earned incomes greater than $10,000/year. Table XVII on the following page summarizes household income for the sample population:

Table XVIII

Household Income

Income categories	Racine		Waukesha		Kenosha		Walworth		Rock		Jefferson		Washington		Ozaukee		Dodge		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	$
Under $1,000	2	1	0	--	0	--	1	1.5	3	5	0	--	0	--	0	--	0	--	6	1.1
$1,000 - $1,999	0	--	1	1.1	1	1.2	0	--	0	--	1	2.2	0	--	0	--	2	14.3	5	1.0
$2,000 - $2,999	6	5.1	0	--	6	5.6	3	4.5	2	3.8	1	2.2	0	--	2	11.8	1	2.1	21	4.0
$3,000 - $3,999	6	5.1	0	--	3	3.5	2	3.0	2	3.0	1	1.9	0	--	2	6.4	0	--	14	2.7
$4,000 - $4,999	5	4.3	2	2.1	9	10.5	4	6.0	2	3.8	4	8.7	2	6.4	1	5.9	1	7.1	30	5.7
$5,000 - $5,999	4	3.4	2	2.1	4	4.6	3	4.5	1	1.9	1	2.2	1	3.2	0	--	1	7.1	17	3.2
$6,000 - $6,999	7	6.0	5	5.3	5	5.8	3	4.5	0	--	2	4.3	3	9.7	0	--	2	14.3	27	5.1
$7,000 - $9,999	15	12.8	8	8.5	14	16.3	9	13.4	2	3.8	10	21.7	7	22.6	4	23.5	1	7.1	70	13.3
$10,000 - $14,999	28	23.9	22	23.4	26	30.2	13	19.4	12	32.6	14	30.4	6	19.4	3	17.6	4	28.6	128	24.4
$15,000 - $24,999	31	26.5	23	24.5	14	16.3	22	32.8	22	41.5	10	21.7	10	32.3	5	29.4	2	14.3	139	26.5
$25,000 and Over	7	6.0	5	5.3	1	1.2	4	6.0	7	13.2	0	--	0	--	1	5.9	0	--	25	4.8
No information	6	5.1	26	27.7	3	3.5	3	4.5	1	1.9	3	6.5	0	--	1	5.9	0	--	43	8.2
TOTAL	117	100.0	94	100.0	86	100.0	67	100.0	53	100.0	46	100.0	31	100.0	17	100.0	14	100.0	525	100.0

A comparison of income distribution with the statewide Wisconsin Health Status Survey led to the conclusion that income distribution among the sample resident population did not differ significantly from income distribution patterns for the general population of Wisconsin. It should be noted that these figures do not reflect per capita income, but rather household income. As cited earlier, average household size in the Hispanic sample population is 4.34 persons, compared with the statewide average of 2.98 persons. This indicates that the average Hispanic family is more than 45% larger than the average Wisconsin family. The following table summarizes household income distribution:

Table XIX

Comparison of Income Distribution with General Population

Income Class	Hispanic Population	General Population*
Under $5000	14.5%	14.5%
$5000 - 6999	8.3	8.6
$7000 - 9999	13.3	12.6
$10,000 - 14,999	24.4	22.1
$15,000 or more	31.3	33.4
No information	8.2	9.2

* Wisconsin Health Status Survey. Figures are based on 1976 income levels.

Source of Health Care

This brief section presents findings on the sources of health care Hispanic families seek and how these sources are selected.

Nature of Source. The table on the following page presents a specific breakdown of the various sources clients named as their usual source of health care, according to county. Note that a great majority of the respondents (72.4%) went to a doctor in private practice as their primary source of health care. This finding was consistent throughout

Table XX

Where Family Members go for Health Care
According to County

Nature of source	Racine		Waukesha		Kenosha		Walworth		Rock		Jefferson		Washington		Ozaukee		Dodge		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Doctor in Private Practice	404	69.8	321	76.1	318	77.9	292	89.8	110	54.7	109	66.1	9	11.5	47	87.0	40	83.3	1650	72.4
Clinic - Specific doctor named	109	18.8	23	5.4	31	7.6	19	5.8	73	36.3	49	29.7	52	66.7	7	13.0	--	--	363	15.9
Clinic - no specific doctor	37	6.4	38	9.0	--	--	4	1.2	6	3.0	2	1.2	13	16.7	--	--	5	10.4	105	4.6
Hospital Emergency Room	3	.5	5	1.2	14	3.4	--	--	3	1.5	--	--	4	5.1	--	--	--	--	29	1.3
Hospital Clinic	--	--	17	4.0	2	.5	1	.3	--	--	2	1.2	--	--	--	--	--	--	22	1.0
Other	--	--	2	.5	--	--	--	--	--	--	--	--	--	--	--	--	--	--	2	.1
Never goes to Doctor	6	1.0	--	--	26	6.4	4	1.2	1	.5	3	1.8	--	--	--	--	--	--	40	1.7
No Information	20	3.5	16	3.8	17	4.2	5	1.5	8	4.0	--	--	--	--	--	--	3	6.3	69	3.0
	579	100	422	100	408	100	325	100	201	100	165	100	78	100	54	100	48	100	2280	100

eight counties, with the exception of Washington county. In that particular county, 66.7% reported going to a clinic with a specific doctor. It is noteworthy to mention that only 1.3% of the respondents reported using the hospital emergency room. These findings are very similar to the findings of the "1977 Wisconsin Health Status Survey" This survey reported that 92.0% of the general population went to a doctor's office as their usual source of health care, 1.2% went to the hospital emergency room and 4.9% went to a clinic.

Doctor referral. Respondents were asked how they learned about their doctor or the place they usually went for medical care. The majority (55.3%) were referred to their doctor by a friend or relative; 17.8% were referred by another doctor; 5.5% were referred by some other medical personnel such as a nurse, dentist, etc and 5.1% were referred by an agency such as a social service agency, American Medical Association, etc. 16.2% said they learned of their doctor through their own initiative, in particular through Yellow Pages of their telephone directory.

Health Status

The findings related to this section can be divided into the following five areas of concern:

1. Perceived health status of all household members;
2. Last visit to a doctor and the reasons for the visit;
3. Last physical check-up;
4. General health problems; and
5. Chronic illnesses

In general, the responses by the Hispanic client in these five areas of the survey tend to be similar to those resporses made by the general population as reported in the "1977 Wisconsin Health Status Survey."

Perceived Health of Household Members. Respondents were asked to rate the health of all household members as excellent, good, fair or poor. The chart below shows how the respondent rated each household member. In order to determine the average rating for the total sample, an index score of 4 was assigned to excellent, good = 3, fair = 2 and poor = 1. Persons for which we had no information were not included in the average.

Table XXI

Perceived Health of Household Members

Health Rating	Head		Spouse		Children (Any age)		Parent/ In-law		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Excellent	185	35.2	145	35.1	477	37.5	1	5.9	14	26.4	822	36.1
Good	238	45.3	183	44.3	683	53.7	10	58.8	27	50.9	1141	50.8
Fair	66	12.6	62	15.0	80	6.3	3	17.6	8	15.1	219	9.6
Poor	30	5.7	19	4.6	8	.6	2	11.8	1	1.9	60	2.6
No Info.	6	1.1	4	1.0	24	1.9	1	5.9	3	5.7	38	1.7
TOTAL	525	100%	413	100%	1272	100%	17	100%	53	100%	2280	100%
Mean	3.09		3.11		3.37		2.63		3.12		3.22	

Consider Table XXI and note that 86.9% of all household members were rated as having "excellent" or "good" health by the respondents. There is a consistency in these health ratings among the different members of the household. In comparison with the "Health Care Needs of a Hispanic Population in Dane, Dodge, and Jefferson counties," there appear to be some discrepancies between the data in the two studies. Table XXII attempts to display these differences in chart form.

Table XXII

Perceived Health Status: A Comparison

		"Hispanic Health Care Survey"		"1977 Dane, Dodge, Jefferson Survey"			
Health Rating	Index Score	All		Respondent		Spouse	
		#	%	#	%	#	%
Excellent	4	822	36.1	29	21.8	28	27.7
Good	3	1141	50.8	63	47.3	50	49.5
Fair	2	219	9.6	34	25.6	13	12.9
Poor	1	60	2.6	7	5.3	8	7.9
No info.		38	1.7	--	--	2	2.0
TOTAL		2280	100.0	133	100.0	101	100.0
Mean		3.22		1.86		2.97	

The above table, using the index scoring system previously described, indicates that the mean health rating for the "Hispanic Health Care Survey" was 3.22, while in the "Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson counties," mean health ratings were 1.86 and 2.97. This would suggest that the respondents in the "Hispanic Health Care Survey" perceive themselves in better health (somewhere between good and excellent), while those in the earlier survey perceived themselves in lesser health status (between fair and good). The smaller sample size of the "1977 Dane, Dodge, Jefferson Survey" may account for this lower rating.

Last Visit. Respondents were asked when each household member last visited a doctor as well as the reasons for the visit. Table XXIII presents a detailed breakdown of the time since last visit to the doctor for household members.

Table XXIII

Last Visit to Doctor by Household Member

Length of time	Head		Spouse		Children Under 18		Other Adults		Total	
	#	%	#	%	#	%	#	%	#	%
1 year or less	418	79.6	376	91.0	849	76.3	174	76.0	1,817	79.7
1-2* years	51	9.7	18	4.4	100	9.0	11	4.8	180	7.9
2-4** years	19	3.6	9	2.2	35	3.1	4	1.7	67	2.9
Over 4 years	11	2.1	3	.7	23	2.1	2	.9	39	1.7
Never	10	1.9	4	1.0	53	4.8	4	1.7	71	3.1
No info.	16	3.0	3	.7	53	4.8	34	14.8	106	4.6
Total	525	100.0	413	100.0	1,113	100.0	229	100.0	2,280	100.0

* 13 months to 24 months
** 25 months to 48 months

Table XXIII indicates most clearly that a great majority of Hispanic respondents and their household members last visited their doctor in the "1 year or less" category. This finding was consistent among all members of the household. However, a higher percentage of children than adults had never seen a doctor. When this finding is compared with the "1977 Wisconsin Health Status Survey" reported 82.3% of their respondents last visited their doctor within 1 year, 10.8% of the

respondents last visited their doctor within 2-4 years, and 3.6% last visited in 5 years or over. This comparative analysis suggests that the Hispanic population in this sample is similar to the general population.

The reasons for the last visit to the doctor are reported in Table XXIV.

Table XXIV

Reason for Last Visit to Doctor

Reason	Head		Spouse		Children Under 18		Other Adults		Total	
	#	%	#	%	#	%	#	%	#	%
Routine check-up	234	44.6	200	48.4	603	54.2	96	41.9	1133	49.7
Illness	150	28.6	106	25.7	257	23.1	47	20.5	560	24.6
Injury	73	13.9	29	7.0	76	6.8	28	12.2	206	9.0
Pregnancy/ family planning	6	1.1*	45	10.9	2	.2	8	3.5	61	2.7**
"Other reason"	28	5.3	16	3.9	39	3.5	7	3.1	90	3.9
Never goes to doctor	10	1.9	4	1.0	53	4.8	4	1.7	71	3.1
No info.	24	4.6	13	3.1	83	7.4	39	17.0	159	7.0
TOTAL	525	100.0	413	100.0	1113	100.0	229	100.0	2280	100.0

*8.2% of the 73 female heads of household

** 10.5% of all female household members 18 years and older

A routine check-up was cited most often by all household members as the reason for the last visit to the doctor. This response was followed by illness and injury. However, injury was reported almost twice as often by the head of household as compared to spouse or children. Also, note that the category "Other Adults" reports a much higher "No information" response. It is likely that the respondent of the household knew less about the nature of the last visit to the doctor for other adult children or family members.

In comparison, the "Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson counties," reported that 51.8% of the respondents saw the doctor for a physical; 37.6% because of illness; and 5.3% because of injury.

Last Check-up. Respondents in this category were asked specifically the length of time since the last physical check-up. These data are presented in Table XXV. The reader should note that over half of all household members were reported as having had a check-up within one year. There was a relatively high percent of household members in the "no information" category. Interviewer notes reveal that this result could be due to the respondents'not knowing the exact time or circumstances of the last check-up. Although this data may be interpreted as absence of recent check-ups, the evidence is not conclusive.

Table XXV

Last Check-up by Household Member

Length of time	Head		Spouse		Children under 18		Other Adults		Total	
	#	%	#	%	#	%	#	%	#	%
1 year or less	271	51.6	282	68.2	565	50.8	110	48.0	1228	53.9
1-2* years	63	12.0	25	6.1	91	8.2	11	4.8	190	8.3
2-4** years	21	4.0	16	3.9	45	4.0	5	2.2	87	3.8
Over 4 years	37	7.0	8.	1.9	31	2.8	1	.4	77	3.4
Never	19	3.6	10	2.4	49	4.4	7	3.1	85	3.7
No info.	114	21.7	72	17.4	332	29.8	95	41.5	613	26.9
TOTAL	525	100.0	413	100.0	1113	100.0	229	100.0	2280	100.0

* 13 months to 24 months

** 25 months to 48 months

When this data is compared with the general population, there are some areas of difference. Overall, the trend of the majority of respondents seeking check-ups within 1 year appears consistent for Hispanics as well as the general population (53.9% for Hispanics and 61% for the general population). The "1977 Wisconsin Health Status Survey" also indicates that 10% of the sample had their check-up 1-2 years ago, 17% had check-ups 2-4 years ago, and for 3% there was no information. The "Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson counties" reports that 75% of the respondents and 57% of the spouses had check-ups within the last year.

Health Problems. Respondents were asked if anyone in the household was affected by health problems in the last 12 months, and whether they had seen a doctor about this condition. Tables XXVII and XXVIII on the following two pages present the response to this question.

Table XXVII indicates the health problems for the head of household and spouse and is already rank-ordered in order of the frequency of the health problems. It is noteworthy that the head of household and spouse agree on the top ten health problems, with the exception of "shortness of breath" which is not included in the spouse category and is replaced with "feeling very tired for no special reason." In regards to all ailments, there is a relatively high percentage of both household heads and spouses who have been reported as having seen the doctor about the health condition within the last year, the exception being "frequent trouble falling asleep" with only about 41% having seen the doctor about this problem.

In another way of analyzing the data, Table XXVIII indicates the health problems according to age groups. In viewing this table, it is evident that 1) the frequency of health problems increases across the age groups from younger to older, and 2) the 36 years and older category appears to report the greatest frequency and percentage of health problems. Specifically, there were 432 health problems reported for household members 17 years and under, 680 health problems for those 18-35 years and 844 health problems for those in the 36 years and older category. The average number of health problems per person for these three age groups are .39, 1.01, and 1.73, respectively.

Table XXVI

Health Problems of Heads of Household and Spouses

Condition	HEAD N=525 Rank	Number with health problem	Percent	Number who have seen doctor	Percent	SPOUSE N=413 Rank	Number with health problem	Percent	Number who have seen doctor	Percent
Eye Trouble	1	112	21.3	97	86.6	1	110	26.6	96	87.3
Frequent backaches	2	63	12.0	42	66.7	2	53	12.8	39	73.6
Sinus Trouble	3	58	11.0	48	82.8	3	49	11.9	32	65.3
High blood pressure	4	56	10.7	49	87.5	7	32	7.7	30	93.7
Pain in the chest	5	48	9.1	38	79.2	8	28	6.8	22	78.6
Arthritis	6	44	8.4	38	86.4	5	44	10.7	36	81.8
Nervousness	7	39	7.4	27	69.2	6	40	9.7	26	65.0
Allergies or hay fever	8	36	6.9	29	80.6	10	25	6.1	20	80.0
Shortness of breath	9	34	6.5	31	91.2	15	19	4.6	17	89.5
Frequent headaches	10	32	6.1	22	68.8	4	48	11.6	32	66.7
Ear trouble	11	31	5.9	19	61.3	12	22	5.3	17	77.3
Frequent trouble falling asleep	12	29	5.5	12	41.4	11	24	5.8	10	41.7
Menstrual troubles *	13	4	5.5 *	3	75.0	16	18	4.4	12	66.7
Feeling very tired for no special reason	14	28	5.3	16	57.1	9	28	6.8	19	67.9
Kidney trouble	15	25	4.8	21	84.0	20	14	3.4	12	85.7
Stomach pains	16	24	4.6	20	83.3	14	20	4.8	16	80.0
Swollen joints	17	23	4.4	18	78.3	18	16	3.9	12	75.0
Constant coughing	18	17	3.2	13	76.5	21	11	2.7	6	54.5
Bladder trouble	19	13	2.5	13	100.0	13	21	5.1	19	90.5
Irritability	20	13	2.5	8	61.5	19	16	3.9	8	50.0
Rashes	21	12	2.3	11	91.7	17	17	4.1	11	64.7
Asthma	22	8	1.5	8	100.0	22	11	2.7	11	100.0

*N=73 (Female Head of Household)

Table XXVII

Health Problems According to Age Group

Condition	All ages 2,280 persons			17 years and less 1,113 persons			18-35 years 670 persons			36 years and older 487 persons			No age data 10 persons
	Rank	#	%	Rank	#	%	Rank	#	%	Rank	#	%	#
Eye trouble	1	358	15.7	1	100	9.0	1	125	18.7	1	131	26.9	2
Sinsus trouble	2	144	6.3	5	25	2.2	3	59	8.8	4	56	11.5	4
Frequent backaches	3	132	5.8	13	10	.1	2	69	10.3	5	53	10.9	-
Ear trouble	4	118	5.2	2	59	5.3	8	27	4.0	12	31	6.4	1
Allergies/hayfever	5	113	5.0	3	45	4.0	4	45	6.7	15	23	4.7	-
Frequent headaches	6	99	4.3	10	15	1.3	5	40	6.0	7	42	8.6	2
Arthritis	7	99	4.3	18	6	.5	19	13	1.9	2	78	16.0	2
High blood pressure	8	97	4.3	20	3	.3	14	18	2.7	3	74	15.2	2
Nervousness	9	89	3.9	17	7	.6	7	36	5.4	6	46	9.4	-
Pain in chest	10	87	3.8	16	7	.6	6	38	5.7	8	42	8.6	-
Shortness of breath	11	72	3.6	9	17	1.5	15	17	2.5	9	36	7.4	2
Tired/no reason	12	72	3.6	12	10	.9	9	25	3.7	10	36	7.4	1
Stomach pains	13	69	3.0	7	21	1.9	11	23	3.4	14	25	5.1	-
Frequent trouble falling asleep	14	64	2.8	15	9	.8	10	25	3.7	13	28	5.7	2
Constant coughing	15	61	2.7	4	30	1.3	20	11	1.6	18	20	4.1	-
Rashes	16	54	2.4	6	24	2.2	18	15	2.2	19	14	2.9	1
Kidney trouble	17	49	2.1	19	6	.5	13	20	3.0	16	23	4.7	-
Bladder trouble	18	49	2.1	11	10	.8	16	16	2.4	17	22	4.5	1
Swollen joints	19	44	1.9	22	1	.1	21	10	1.5	11	33	6.8	-
Irritability	20	40	1.8	14	10	.9	17	16	2.4	20	14	2.9	-
Asthma	21	38	1.7	8	18	1.6	22	9	1.3	21	11	2.3	-
Menstrual troubles	22	32	*	21	3	*	12	33	**	22	6	*	-

* Percent cannot be determined

** Approximately 9.8% of females in this age category

Chronic Illness. The respondents were asked a series of questions in order to determine the frequency, duration and limitation encountered by any household member who had a chronic illness, disability or health problem.

The data indicated that 230 out of 2,280 persons in the sample had at least one chronic illness or 10% of the total. Those reporting chronic illnesses tended to be adults (88%) rather than children (12%). Slightly more women (53%) than men (47%) reported a chronic illness. Table XXVIII presents these findings.

Table XXVIII

Characteristics of Those Reporting Chronic Illness

Adults		Children		Male		Female	
#	%	#	%	#	%	#	%
202	87.8	28	12.2	109	47.4	121	52.6
230 Total				230 Total			

A total of 281 chronic illnesses, disabilities and health problems were reported. When asked whether the household member had seen a doctor about their chronic illness in the last 12 months, 230 or 81.9% said "yes" and 51 or 18.1% said "no."

Table XXIX reports the duration of the chronic illness.

Table XXIX

Duration of Chronic Illness

Duration	Number	Percent
1 year or less	56	19.9
1-2 years	40	14.2
2-4 years	51	18.1
5-10 years	79	28.1
Over 10 years	52	18.5
No information	3	1.1
	281	100.0

This table indicates that the illnesses or disabilities varied in length of duration from 1 year or less to over 10 years.

Respondents were asked about the extent of limitation on normal, everyday activities. The following table presents this breakdown:

Table XXX

Extent of Limitation Caused by Chronic Illness

Frequency of Limitation	Number	Percent
Everyday	63	22.4
A few days per week	37	13.2
A few days per month	23	8.2
A few days per year	23	8.2
Never	103	36.6
No information	27	9.6
Other	5	1.8
	281	100.0

The reader should note that a small but sizable percentage (36.6%) of those reporting a chronic illness stated that the illness never interfered with their normal, daily activities. However, 22.4% indicated that the illness interfered on a daily basis.

Those with a chronic illness were asked if they needed any special help, other than medication from a doctor, because of their health problem. Out of the 230 persons reporting at least one chronic illness, 28 or 12.2% said they needed such help. The special help mentioned fell into two main categories: 1) special classes or training and 2) physical therapy.

Since the survey covered nine counties, it would be appropriate to analyze the data on chronic disability and its frequency in each county. However,the results indicated that no one chronic illness or disability appeared in any unusual frequency in any one particular county. The nine most common illnesses were (in rank order).

(1) Arthritis
(2) Diabetes
(3) Heart problems
(4) Allergies/hayfever
(5) Kidney Problems
(6) High blood pressure
(7) Ulcer
(8) Asthma
(9) Back trouble

Dental Care

Questions regarding dental care covered three areas: 1) referral source, 2) length of time since last dental visit and 3) reasons for not visiting the dentist.

Referral Source. The majority of the respondents (54.5%) who identified a specific source of dental care indicated the referral source to be a friend or relative. This information is presented in Table XXXI.

Table XXXI

Sources of Dental Referral

Source	Number	Percent
Friend/relative	354	54.5
Other medical personnel	105	16.2
Agency referral	39	6.0
Other	151	23.3

The category "other" contains such sources as the telephone directory, place of employment or some other type of self initiative.

Last Visit to Dentist. Table XXXII presents the time interval since the last dentist visit by household member. Over 60% of all household members 5 years or older had visited the dentist within the last year. However, a small but sizeable number of persons in the sample (11.8%) reported never visiting a dentist. In comparison, only 3.1% of the sample reported that they had never seen a doctor, indicating that relatively more people do not go to a dentist than to a doctor.

Table XXXII

Time Interval Since Last Dentist Visit by Household Member

Length of time	Head		Spouse		Children 5-17 years		Other adults		Total	
	#	%	#	%	#	%	#	%	#	%
1 year or less	284	54.1	263	63.7	572	69.0	121	52.8	1240	62.1
1-2 years	56	10.7	32	7.7	39	4.7	33	14.4	160	8.0
2-4 years	35	6.7	25	6.1	35	4.2	15	6.6	110	5.5
Over 4 years	38	7.2	22	5.3	16	1.9	11	4.8	87	4.4
Never	63	12.0	50	12.1	96	11.6	27	11.8	236	11.8
No info.	49	9.3	21	5.1	71	8.6	22	9.6	163	8.2
TOTAL	525	100.0	413	100.0	829	100.0	229	100.0	1996	100.0

By comparison, the "1977 Wisconsin Health Status Survey" indicates for all ages that 69.7% of the sample last visited their dentist within a year, 10.7% visited their dentist 2 - 4 years ago, 8.5% visited their dentist 5 years ago or more, 6.7% never visited a dentist and 4.5% were unknown. While the data indicates that the majority of both the Hispanic population and the general population have visited a doctor in the last year, a greater percentage of Hispanics have never visited a dentist.

Reasons for Not Visiting Dentist. Respondents were asked to indicate if options listed in the question had prevented some household member from obtaining dental care in the past year. Table XXXIII presents this data.

Table XXXIII

Reasons For Not Visiting a Dentist in the Past Year

N = 525

		Number	Percent
1.	Can't afford it	121	23.0
2.	Afraid of dentists	76	14.5
3.	Have no problem with teeth/ no need to go	69	13.1
4.	Would lose pay or income from work	28	5.3
5.	Don't know what dentist to go to	27	5.1
6.	Cannot get an appointment	22	4.2
7.	Have no transportation	16	3.0
8.	Dentist's office is too far away	13	2.5
9.	Have no one to look after children	11	2.1
10.	Cannot speak English	8	1.5
11.	Other reasons	26	5.0

A variety of other reasons for not seeing the dentist were mentioned by respondents. Six respondents specified difficulties or bad experiences when visiting a particular dentist in the past. Other respondents gave general reasons such as having no time, or forgetting to make an appointment and so forth. Some respondents said they had dentures or no teeth and one respondent said she was afraid to go because she owed an old bill. Another said the dentist dropped her because she missed so many appointments.

As shown above, a small but sizable number of respondents felt that unless a person had dental problems there was no need to go to the dentist on a regular basis.

Family Planning

Questions regarding family planning were asked of all female respondents between the ages of 16 and 45. A total of 361 women participated in this section of the survey. In order to determine if age was a factor in attitude toward and use of family planning, respondents were divided into two categories: (1) women 16-29 years of age, and (2) women 30-45 years of age. There were 173 respondents in the younger age group and 188 respondents in the older age group.

The first question dealt with the need or desire for family planning information. Respondents were asked to indicate which of the following statements best described their need for family planning information.

Table XXXIV

Need for Family Planning Information

Status	Ages 16-29		Ages 30-45		All Ages	
	#	%	#	%	#	%
Satisfied with present knowledge	113	65.3	129	68.9	242	67.0
Would like information made available to me	33	19.1	15	8.0	48	13.0
Do not desire to use birth control	19	11.0	26	13.8	45	12.3
"Other" response	8	4.6	18	9.6	26	7.2
TOTAL	173	100.0	188	100.0	361	100.0

According to this table, about two-thirds of all respondents were satisfied with their present knowledge of family planning. The percentages of those satisfied for younger and older age groups were similar. However, 19.1% of the younger age group stated that they would like family planning information made available to them while only 8% of the older age group wanted more information.

About 12% of the respondents indicated that they did not desire to use birth control. Age was not an important factor in this response. However, twice as many older women as younger women responded to the "other" category and provided such additional reasons for not needing planning information as "could not have children," "single", "widowed", or "divorced".

Respondents were then asked with whom they discussed family planning information: doctor, nurse, friend or relative, family clinic, pharmacist, and others were suggested as possible answers. Multiple responses were possible. The results are displayed in Table XXXV.

Table XXXV

Persons With Whom Female Respondents Discussed Family Planning

	Ages 16-29		Ages 30-45		Total	
Person	N=173	%	N=188	%	N=361	%
Doctor	112	64.7	104	55.3	216	59.8
Friend or relative	48	27.7	30	15.9	78	21.6
Nurse	19	10.9	6	3.1	25	6.9
Family Planning Clinic	18	10.4	10	5.3	28	7.7
Pharmacist	1	.6	0	---	1	.2
Other	6	3.4	0	---	6	1.6

Generally, women in the younger age group discussed family planning with an outside source more frequently than women in the older age group. Doctors were most frequently consulted about family planning, and friends or relatives second.

Table XXXVI presents the number of respondents now using some method of birth control.

Table XXXVI

Number of Female Respondents Now Using Some Method of Birth Control

Age Groups	Number in sample	Number using birth control	Percent using birth control
16-29	173	94	54.3
30-45	188	80	42.6
COMBINED	361	174	47.9

In the younger age group, over half of the respondents currently used some birth control method, and in the older age group, 42.6% used some birth control method.

Of all those not using birth control methods in the present, nearly half indicated that they had used some birth control in the past.

Table XXXVII

Number of Female Respondents Using Some Method of Birth Control in The Past

Age group	Number in Sample	Number who used birth control in the past	Percent who used birth control in the past
16-29	79	42	53.2
30-45	108	48	44.4
TOTAL	187	90	48.1

Persons currently using birth control methods were asked which method each is currently using. The responses are displayed in Table XXXVIII.

Table XXXVIII

Methods of Birth Control Being Used By Women Who Are Not Practicing Family Planning

Birth Control Method	Ages 16-29 N=94		Ages 30-45 N=80		All ages N=174	
	#	%	#	%	#	%
Pill	62	66.0	17	21.3	79	45.4
Female Sterilization	11	11.7	36	45.0	47	27.0
I.U.D.	12	12.8	12	15.0	24	13.8
Condom	6	6.4	4	5.0	10	5.7
Male Sterilization	2	2.1	8	10.0	10	5.7
Foam	4	4.2	1	1.3	5	2.9
Diaphragm	0	--	3	3.8	3	1.7

The method most used by younger women is the pill, while the method most frequently used by older women is sterilization. Among all persons using some method of birth control, the most frequently used methods are the pill (45.4%), female sterilization (27.0%) and the I.U.D. (13.8%). Other methods less frequently used are the condom, male sterilization, foam, and the diaphragm.

By comparison, in 1975, according to the Population Reference Bureau, 34% of the married couples in the general population used the pill, 31% used sterilization, 9% I.U.D., 11% condom, and 4% diaphragm as their birth control method.

Of those persons using birth control mehtods in the past, the pill and the I.U.D. were the most frequent responses. Additional methods indicated were the diaphragm, foam, condom, withdrawal, abstinence and rhythm. Multiple answers were possible. This data is displayed in the following table:

Table XXXIX

Methods of Birth Control Use by Respondents who Practiced Family Planning In the Past

Method	Ages 16-29 N=42		Age 30-45 N=48		All ages N=90	
	#	%	#	%	#	%
Pill	38	90.5	40	83.3	78	86.7
I.U.D.	5	11.9	7	14.9	12	13.3
Diaphragm	3	7.1	5	10.4	8	8.9
Foam	3	7.1	3	6.3	6	6.7
Condom	1	2.4	4	8.3	5	5.6
Withdrawal	1	2.4	2	4.2	3	3.3
Abstinence	2	4.8	1	2.1	3	3.3
Rhythm	--	--	1	2.1	1	1.1

Combining the number of persons currently using some method of birth control with the number of persons who had used some method in the past, one may note that 73.1% of the female respondents between the ages of 16 and 45 used some method of birth control. See Table XL.

Table XL

Number of Woman Who Are Using Or Have Used Some Method Of Birth Control

Age Group	Number of Women responding	Using or used birth control		Never used birth control	
16-29	173	136	78.6%	37	21.4%
30-45	188	128	68.1%	60	31.9%
All Ages	361	264	73.1%	97	26.9%

This compares with 79% of married couples in the general population in 1975 who indicated that they were using contraceptives, according to information from the Population Reference Bureau.

When asked where the respondents obtained their birth control pills, I.U.D.'s, or other devices, 89% indicated a private doctor, 7% a family planning clinic, 2% another clinic, and 3% other.

Pregnancy and Pre-Natal Care

Of the 525 households in the sample, 22 or 4.2% reported that someone in the household was pregnant at the time of the interview. The ages of the women who were pregnant ranged from 15 to 30 years. All of the women had seen a doctor at least once about the pregnancy.

The following table indicates the number of months pregnant, the age of the pregnant women, the number of times a doctor had been seen about the pregnancy and the number of months the woman was pregnant before a doctor was seen the first time.

Table XLI

Pre-Natal Care of Pregnant Women

Months Pregnant	Age	# of Times Has Seen Doctor	Number of Months Pregnant when Doctor First Seen
1	23	1	1
2	24	1	2
3	19	2	2
	20	1	2
	25	3	1
	30	3	1
4	22	1	3
	28	1	3
5	17	7	3
	20	5	1
6	25	1	5
7	21	2	4
	24	1	7
	25	5	2
8	22	10	2
	15	Unknown	2
	23	10	2
	24	8	1
9	16	Unknown	5
	22	12	2
	27	9	2
	28	16	3

An average of 6.93 visits to the doctor per nine month pregnancy was determined. The average number of months pregnant before a doctor was first seen about the pregnancy was 2.5

The information gathered concerning pregnancy and the care of the expectant mother indicate that on the average, the doctor is first seen during the second month of pregnancy and monthly thereafter.

Mental Health

This section involved questions which assessed (1) the type of person contacted for help with personal problems, (2) the household members affected by a personal problem and type of problem, and (3) whether treatment had been sought for this problem.

Respondents were asked the following question: "Within the past few years, have you or has anyone in the household ever gone voluntarily to any of the following persons for advice or help with a personal problem?" Table XLII presents this data.

Table XLII

Type of Person Contacted for Help with Personal Problems

	N=525	
Person	Number	Percent
Friend or relative	178	33.9
Doctor	56	10.7
Priest or minister	55	10.5
Lawyer	43	8.2
Marriage/Family Counselor or social worker	35	6.7
Teacher	31	5.9
Psychiatrist or Psychologist	26	5.0
Policeman, Judge or someone in the court	18	3.4
Book or newspaper columnist	11	2.1
Astrologist, palmist, fortuneteller, medium	5	1.0

The above table indicates that a sizeable percentage preferred help from friends or relatives (33.9%). It should be noted that those professionals specifically trained for aiding persons with personal problems (counselor, social worker, psychiatrist, psychologist) did not rate high among these respondents. The above pattern is similar to the Gurin, Veroff and Feld study, Americans View their Mental Health. In that national study most people also state seeking help from friends and relatives as opposed to specific human service professionals.

Respondents were then asked if any of the following had become a problem for someone in the household in the past year. The table below lists the problems and identifies the household members affected by the problem. In addition, if a respondent indicated that one of these problems existed, they were asked if help was sought for the problem.

Table XLIII

Personal Problems by Age and Sex of Household Member

Problem	Adults		Children			% of problems reported
	Male #	Female #	Male #	Female #	All #	
Marriage/ family problem	30	39	9	20	98	21.9
Homesickness/ loneliness	27	56	4	6	93	20.8
Acute Nervousness	23	40	3	5	71	15.9
Depression	9	51	4	7	71	15.9
Employment/ Unemployment	37	14	0	1	52	11.6
Alcoholism	25	1	0	1	27	6.0
Problems with children	0	4	6	9	19	4.3
Trouble getting along with others	6	5	2	3	16	3.6
	157	210	28	52	447	100.0

Table XLIII presents in rank order form, the different personal problems and their frequency as reported by adults and children and males and females categories. Marriage and family problems head the list with 21.9% of the total problems reported, followed closely by homesickness/ loneliness problems with 20.8%. Acute nervousness and depression problems ranked next with both being 15.9% of the total problems reported. The table also reveals that adult males and females tend to have more problems than male and female children. Also, there appears to be slightly more personal problems reported by females than by males.

Table XLIV shows the percent of persons who sought some type of help for personal problems reported.

Table XLIV

Percent Who Sought Help for Problem

Problem	Percent who sought help
Acute nervousness	70.4
Depression	56.3
Trouble getting along with others	56.3
Alcoholism	51.9
Employment/unemployment problems	51.9
Problems with children	47.4
Marriage/family problems	42.9
Homesickness/loneliness	7.5

The table reveals that many did seek help or relief for seven of the eight problem areas. The lone exception is Homesickness/loneliness with only 7.5% seeking help.

In general, 194 out of 525 households or 37.0% reported that at least one household member had one of the eight problems on the list. Specifically, 318 out of 2,280 persons in the survey or 13.9% were reported as being affected by one or more of these personal problems.

Problems in Obtaining Health Care

This section reports 1) the specific reasons that have prevented household members from visiting a doctor in the past year and 2) the need for bilingual health personnel.

Reasons for not Seeing a Doctor. Respondents were asked to indicate if any of the following reasons had prevented them or someone in the household from seeing a doctor in the past year. Table XLV presents the data according to frequency of response.

Table XLV

Reasons Doctor Not Seen in the Past Year

N=525

Reason	Number	Percent
1. Can't afford it	74	14.1
2. Feel uncomfortable with doctors	50	9.5
3. Doctors don't explain much; don't understand explanations	45	8.6
4. Would lose pay or income from work	43	8.2
5. Can't speak English	39	7.4
6. Have no transportation	37	7.0
7. Afraid of what doctor might find	31	5.9
8. Can't get an appointment	30	5.7
9. Have no one to look after children	29	5.5
10. Unable to get there at time service is offered	26	5.0
11. You had or know of previous bad experience in family/friends	25	4.8
12. Don't know what doctor to go to	24	4.6
13. Doctor's office is too far away	21	4.0
14. Husband or other members of the family won't allow	2	.4

The table on the previous page indicates that the cost of medical care was the principal reason why a doctor was not seen.

In addition to reasons previously mentioned, other reasons were also reported by the respondents:

a. Belief in sources of healing other than doctors (7.4%) This included home remedies, herbs and faith in God

b. Do not need doctor/can treat own health problems (6.1%)

c. Do not believe in doctors (2.9%)

d. "Other" reasons such as "doctors don't want new patients" "don't trust doctors," "don't like seeing male doctors"

Language Difficulties. In order to determine if language problems affected the ability of Hispanic households to receive adequate health care, a series of questions were asked regarding the availability of and need for bilingual health

Respondents were first asked if their doctor or the members of the staff where they seek health care were bilingual.

Table XLVI

Presence of Bilingual Health Personnel

County	Number in sample	Number with bilingual health personnel	Percent with bilingual health personnel
Racine	117	30	25.6
Jefferson	46	9	19.6
Walworth	67	11	16.4
Dodge	14	2	14.2
Waukesha	94	10	10.6
Kenosha	86	9	10.5
Rock	53	3	5.7
Ozaukee	17	0	---
Washington	31	0	---
TOTAL	525	74	14.1

Table XLVI indicates that the percent of families with a bilingual doctor varied according to county, with respondents in Racine county reporting the greatest percentage of bilingual doctors or health personnel. Combining the nine counties, 16.1% of all families in the sample had a bilingual source of health care. "Health Care Needs of a Hispanic population in Dane, Dodge and Jefferson Counties" also reported that 14% of their respondents had a bilingual doctor.

Respondents were then asked if it was ever necessary for family members or friends to interpret when going for health care.

Table XLVII

Need for Family Members/Friends to Interpret

County	Number in sample	Number needing translation	Percent needing translation
Walworth	67	19	28.4
Jefferson	46	12	26.1
Kenosha	86	22	25.6
Waukesha	94	19	20.2
Dodge	14	2	14.3
Rock	53	7	13.2
Ozaukee	17	2	11.8
Racine	117	13	11.1
Washington	31	0	--
TOTAL	525	96	18.3

Over 18% of all respondents indicated the need for family members or friends to interpret when going for medical care. Again, this percentage varied by county with Walworth, Jefferson, and Kenosha counties needing this type of translation more often. The "Health Care Needs of a Hispanic Population in Dane, Dodge and Jefferson" reported almost 20% of their respondents needing friends or relatives to interpret.

Respondents were also asked in what language they received written instructions from the doctor or pharmacist. 513 respondents or 97.7% of the respondents said they received written instructions in English. Only 7 persons said they received instructions written in Spanish. Five persons did not indicate what language they received written instructions. However, 108 respondents (20.6%) said they needed help translating the written instructions.

Finally, respondents were asked if the doctor or place where they sought health care were bilingual, would this be a help to them. A total of 313 respondents or 59.6% responded "yes".

In summary, the cost of medical care was the greatest deterrent in seeking such care. However, while the inavailability of bilingual health personnel did not necessarily prevent Hispanic clients from seeking medical care when needed, it still presented significant problems to many Hispanics and may affect the quality of health care received.

Health Insurance Coverage

The cost of medical care has been mentioned as an obstacle in obtaining care. This section deals with health insurance coverage of Hispanic families in the sample.

Respondents were asked whether they were covered by insurance, the source of that coverage and the reasons and consequences of the lack of health insurance coverage.

Of the 525 households surveyed, 450 or 85.7% indicated that all members of the household were covered, 46 or 8.8% indicated that some members of the household were covered and 29 or 5.5% indicated that no one in the household was covered.

This data compares with that of the "1977 Wisconsin Health Status Survey" in which 94.7% of the population was covered by hospital insurance and 91.2% by health insurance.

Households covered by insurance were also asked to identify all types of insurance they had and to indicate if all or only some household members were covered by each. Table XLVIII presents the source of insurance coverage.

Table XLVIII

Source of Insurance Coverage

N=525 households

Source	All members covered		Some members covered		Combined	
	#	%	#	%	#	%
Coverage through Employment/private insurance companies	372	70.9	52	9.9	424	80.8
Medicaid	56	10.7	32	6.1	88	16.8
Medicare	11	2.1	25	4.8	36	6.9
V.A. Benefits	2	.4	3	.6	5	1.0

In the column "All members covered," a total of 441 households were covered by a single insurance plan, 70.9% through employment or a private insurance company, 10.7% through Medicaid, 2.1% through Medicare, and .4% through V.A. benefits. In the cases of several households total coverage was supplied by more than one type of coverage. In the column "Some members covered," a total of 112 households had some of its members covered by a particular insurance program. The total reflects both coverage that is duplicated and coverage that protects only parts of households.

In the 29 households in which no one was covered by insurance, respondents were asked to indicate the reason: 70.0% said they could not afford it, and 21.0% said they were not eligible to receive it. One respondent did not know where to obtain insurance, and another preferred to pay medical bills as they occurred rather than purchase insurance.

Twenty-two respondents reported that someone in the household had been refused medical care or admission to a hospital because they didn't have insurance or were unable to pay immediately. This represents approximately 4% of the families interviewed. Seven of these situations involved hospitals, seven involved clinics, four involved doctors, three involved dentists and one situation involved difficulties in procurring Medicaid.

In addition, 11.1% of all the respondents said that in the past year, there was some health service that a member of the household needed but did not receive because the family could not afford it or their insurance did not cover it.

Services Desired by Hispanics

The purpose of the following section was to 1) determine the types of health services desired by Hispanic residents in the nine county survey area, 2) determine knowledge of exisiting health services, 3) determine services utilized most frequently by Hispanics.

To acquire this information, the respondents were asked a series of questions. First, a list of health services was read to the respondents. They were then asked: 1) Is someone in the household now using this service or would they use it if available? 2) Do you know where this service is available in this area? 3) Has someone in the household used this service in the past year?

The results of this questioning can be found on the next page (Table XLVIX).

The table is in rank order with the service mentioned most frequently by respondents at the top. Column 1 shows the number and percent of all families in the sample who currently use or would use this service if available. Column 2 indicates the percent of families interested in the service who know where it is available and column 3 indicates the percent of interested households who have used the service.

Clinics providing free or inexpensive health care top the list with 68.6% of all households indicating they are currently using this service or would use it if available. 18.9% of those interested in this type of clinic know where there is one in their area and 10.8% of those interested have used the service.

Please note that the majority of those interested in immunization clinics, emergency care services and one family doctor know where these services are available. However, very few of those interested in in late and weekend office hours or free clinics know where these services are available.

Also note the number in parentheses at the end of each service category. Respondents were asked to indicate the three services needed most by their family. The number in parentheses indicates the rank of frequency that this service was reported in the top three. In other words, clinics providing free or inexpensive health care, clinics and doctors' offices open nights/weekends and emergency care services were the services needed most by Hispanics.

Table XLIX

Need, Knowledge, Usage of Health Services

List of Services	Someone using service/would use if available # Col.1	%	Knows where service is available # Col.2	%	Has used service in the past year # Col.3	%	
1. Clinics providing free or inexpensive health care	360	68.6	68	18.9	39	10.8	(1)
2. Clinics and doctors' offices open nights/weekends	263	50.1	33	12.5	23	8.7	(2)
3. Immunization clinics	224	42.7	151	67.4	107	47.8	(4)
4. Emergency care services	222	42.3	147	66.2	85	38.3	(3)
5. One doctor taking care of whole family	212	40.4	145	68.4	128	60.4	(5)
6. First aid training	151	28.8	54	35.8	32	21.2	(7)
7. Doctor/medical facilities located closer to home	138	26.3	44	31.9	32	23.2	(8)
8. Day care/babysitting	123	23.4	52	42.3	20	16.3	(6)
9. Nutrition information/ classes/health education	103	19.6	35	34.0	21	20.4	(10)
10. Better transportation to health facilities	92	17.5	17	18.5	6	6.5	(11)
11. Well-baby child care clinics	85	16.2	21	24.7	13	15.3	(9)
12. Home visits by P.H.N. before/after birth of child	78	14.9	49	62.8	29	73.2	(12)
13. Visiting nursing services	73	13.1	31	42.5	20	27.4	(14)
14. Chiropractic services	69	13.1	41	59.4	25	36.2	(15)
15. Family planning services	62	11.8	25	40.3	15	24.2	(17)
16. Marriage/family counseling	53	10.1	18	34.0	7	13.2	(13)
17. Expectant parent classes	45	8.6	23	51.1	11	24.4	(19)
18. Mental health/psychiatric services	43	8.2	21	48.8	11	25.6	(16)
19. Drug/alcoholism counseling	35	6.7	21	60.0	7	20.0	(18)
20. Good nursing home facilities	32	6.1	7	21.9	3	9.4	(20)

Respondents were also given the opportunity to indicate any other services they would like to see made available to them. However, the responses did not vary from those on the previous page.

Respondents did have some suggestions for improving existing services. Responses did not vary substantially from county to county. The list below shows the most frequently mentioned suggestions directed at doctors, clinics, hospitals and health care providers in general.

Doctors should:

1) Have someone on their staff who is bilingual
2) Provide better and more detailed explanations to their patients
3) Schedule their appointments better so there is not such a long wait in the office
4) Have evening/weekend office hours
5) Charge less for their services
6) Spend more time with patients
7) Give better, more efficient service
8) Be more receptive/make patients feel more at ease/give more personal treatment to patients/pay closer attention to patients' problems
9) Make home visits
10) Make it easier to get an appointment

Clinics should:

1) (in addition to above) -- Be more personalized

Hospitals should:

1) (in addition to above) -- Have better emergency room care

Organizations that Help Hispanics Obtain Good Health Care. Respondents were asked in they knew of any organizations that help Hispanics obtain good health care. Most of the respondents mentioned local Latino organizations and social service agencies. However, very few had ever received health-related services from these organizations and if they had it was principally for translating services and transportation.

CHAPTER SIX

FINDINGS OF HISPANIC HEALTH CARE PROVIDER SURVEY

The following chapter details the results of the Hispanic Health Care Provider Survey. Included are the responses of health care providers concerning topics such as services and programs available to Hispanic clients, the availability of bilingual health personnel, and barriers to care as perceived by the providers.

Responses to Survey

As stated previously, 179 questionnaires were mailed to health care providers in the nine-county survey area. Altogether, 84 providers responded to the request for participation in the survey, and 76 providers actually completed the questionnaire. Those who did not complete the questionnaire stated that they either had no Hispanic patients or that their schedules did not permit time for completion of surveys.

The table below shows the number of questionnaires sent to providers in each county, the number and percent responding and the number and percent actually completing the questionnaire.

Table L

Response to Provider Survey

County	Number of surveys sent	Number of total responses	Percent responding	Number of completed surveys	Percent of surveys completed
Waukesha	28	11	39.3	11	39.3
Racine	27	14	51.9	13	48.1
Kenosha	19	11	57.9	11	57.9
Walworth	24	10	41.7	8	33.3
Washington	16	7	43.8	6	37.5
Ozaukee	15	6	40.0	5	33.3
Rock	22	10	45.4	8	36.7
Jefferson	16	8	50.0	7	43.8
Dodge	12	7	58.3	7	58.3
TOTAL	179	84	46.9	76	42.5

The highest rates of participation were by health care providers in Dodge and Kenosha counties while the lowest rate of participation was in Walworth and Ozaukee counties.

The following chart shows the number and type of health care provider who were included in the sample, the number and percent responding and the number and percent actually completing the questionnaire.

Table LI

Responses According to Type of Provider

Type of health care provider	Number surveys sent	Number total responses	Percent responding	Number completed surveys	Percent completed surveys
Hospitals	27	16	59.3	14	51.8
Medical clinics (private & public)	32	10	31.1	8	25.0
Public health departments	14	12	85.7	11	78.8
School health departments	17	5	29.4	5	29.4
Family planning clinics	5	4	80.0	4	80.0
Doctors (private & group practice)	21	6	28.8	5	23.8
Dentists	8	3	37.5	3	37.5
Mental health clinics	11	9	81.8	9	81.8
*"Other" counseling	16	7	43.8	6	37.5
**Social Service organizations	12	4	33.3	4	33.3
***Other	4	4	100.0	4	100.0
TOTAL	179	84	46.9	76	42.5

* (2) Family counseling; (2) counseling for the developmentally disabled; (1) Alcoholism counseling; (1) drug abuse counseling.

** (2) Catholic Social Services; (1) Latino organization; (1) child placing agency.

*** Other (1) Childbirth Education services; (1) County Council on alcoholism (1) nursing home.

The chart indicates that the highest rates of participation were by public health departments, family planning clinics, and mental health clinics. The lowest rates of participation were by medical clinics, doctors school health departments (probably due to the fact that the survey was conducted in the summer months) and the category "Other."

Number of Hispanic Clients Served by Health Care Providers

Health care providers were asked the number of Hispanic clients they served in 1977. It is signficant to note that a substantial number of providers did not have any idea of the number of Hispanic clients they served. Almost 24% or 18 respondents said they could not answer that question because they did not keep this type of record. This group included 10 hospitals, two public health departments, two school health departments, two private doctors, one dentist and one visiting nursing service. In addition, one family planning clinic indicated that they did not open until 1978. For the 57 providers who were able to answer the question the results were as follows:

Table LII

Number of Hispanic Clients Served in 1977

Number served	Number	Percent
Less than 10	25	43.9
10-50	19	33.3
50-100	7	12.3
Over 100	6	10.5
	57	100.0

Those providers serving more than 100 Hispanic clients included two public health departments, a medical clinic, a family planning clinic, a dentist and a Latino social service agency.

Providers were also asked if the number of Hispanic clients they served had remained stable, increased, or decreased over the past five years.

Again, 25% said that they could not answer this question; 38% said the number of clients remained stable, 31% said the number increased and only 6% said the number decreased. In addition, two providers indicated they had not been open five years and three providers did not respond at all. Table LIII shows the responses according to county.

Table LIII

Fluctuation in Number of Hispanic Clients

County	Number of responses	Remained stable	Increased	Decreased	Don't know
Waukesha	8	25.0	37.5	---	37.5
Racine	12	25.0	33.3	8.3	33.3
Kenosha	11	36.4	45.4	9.1	9.1
Walworth	8	12.5	37.5	12.5	37.5
Washington	6	33.3	---	16.7	50.0
Ozaukee	5	80.0	20.0	---	---
Rock	8	50.0	37.5	---	---
Jefferson	7	57.1	28.6	---	14.3
Dodge	6	50.0	16.7	---	33.3
Total	71	38.0	31.0	5.6	25.4

Services Provided by Health Care Providers

Respondents were asked to identify the health care services their agency or practice provides and to indicate which of these services were used most frequently by Hispanic clients. All types of health care services were mentioned by the providers. However, the services used most frequently by Hispanic clients were emergency care services, home visits by public health nurse, immunization services, and nutrition information.

Distance Hispanic Clients Live from Health Care Provider

Health care providers were asked to estimate the number of miles from their establishment the majority of their Hispanic clients live. There were 72 total responses to this question. Four providers did not respond.

Table LIV

Distance from Client to Provider

Distance	Number	Percent
Within 1 mile	6	8.3
Within 5 miles	33	45.8
Within 25 miles	29	40.3
Over 25 miles	1	1.4
Don't know	3	4.2
Total responses	72	100.0

Over half of the providers responding (54.1%), stated that their Hispanic clients lived within 1 or within 5 miles of their establishment. About 40% stated that their Hispanic clients lived within 25 miles. Only one provider, a private physician, stated that the majority of his Hispanic clients lived over 25 miles from his office. In addition, one agency which provides expectant parent classes stated that they had no specified establishment and that they used whatever room was available at hospitals, churches, and clinics. One county council on alcoholism stated that the question was not applicable because the facility had no Hispanic clients.

Of the 525 Hispanic families interviewed in the "Hispanic Health Care Survey," 4% indicated that distance from their primary source of health care kept them from seeing a doctor in the past year. 7% indicated that transportation to their health care provider was a problem. However, it is not known whether distance from other types of health care providers such as counseling services, public health departments, etc.might have prevented potential Hispanic clients from using these services.

Availability of Bilingual Health Personnel

Health care providers were asked if any members of their staff were bilingual in Spanish and English with the ability to communicate in Spanish when providing health services to Spanish-speaking people. About 46% or 34 of 74 respondents said that someone on their staff was bilingual. Three of these respondents indicated that only limited Spanish was spoken and in one instance, the person who spoke Spanish was a clerical employee.

Forty respondents (54%) said they had no bilingual staff person, and two respondents did not answer the question. The table below shows the percentage of providers with a bilingual staff person and is broken down according to type of provider.

Table LV

Health Care Providers with Bilingual Staff Person

Type of provider	Number responding	Number with bilingual staff person	Percent with bilingual staff person
Hospitals	12	9	75.0
Public health departments	11	5	45.5
Medical clinics	8	2	25.0
Mental health clinics	8	3	37.5
"Counseling"	7	3	42.9
School health departments	5	2	40.0
Doctors	5	0	---
Family planning clinics	4	1	25.0
Social Services	4	3	75.0
Visiting nurses	4	2	50.0
Dentists	3	2	66.6
Other	3	2	66.6
TOTAL	74	34	45.9

Those who responded that they had some bilingual staff person(s) were asked to indicate the number.

Table LVI

Number of Bilingual Staff Persons

Number bilingual staff	Number	Percent
One person	17	50.0
Two or three persons	7	20.6
More than 3 persons	9	26.5
Not indicated	1	2.9
Total	34	100.0

Providers with more than 3 bilingual staff persons were hospitals and social service organization that serve a large number of Hispanic clients.

Those who responded that they did not have anyone on their staff that was bilingual were asked two additional questions. First, they were asked if they had an outside interpreter to call on if necessary. Of the 40 providers without a bilingual staff person, 23 (57.5%) said they did have an outside interpreter, 13 (32.5%) said they did not, 3 (7.5%) said they sometimes had a person to call one, and one provider did not respond.

The providers were then asked if a bilingual staff person would increase their effectiveness in serving the Hispanic population.

Table LVII

Increase in Effectiveness from Addition of Bilingual Staff Person

Would increase effectiveness?	Number	Percent
Definitely yes	3	7.5
Probably	6	15.0
Probably not; no	17	42.5
Don't know	11	27.5
No response	3	7.5
Total	40	100.0

Only a relatively small percentage felt that the addition of a bilingual staff person would increase their effectiveness to any degree. Those who did not think it would help often added that the small number of Spanish-speaking clients did not warrant the addition of a bilingual staff person.

The health care providers were also asked if it was ever necessary for clients' family members or friends to translate when providing health services to Spanish-speaking people: 71 providers answered this question and 5 did not; 48 respondents or 67.6% said that it was necessary on occasion for family members or friends to interpret for clients.

When asked how often it was necessary for family members or friends to translate, the 48 respondents answered as follows:

Table LVIII

Frequency of Need for Translation

Frequency	Number	Percent
Rarely	10	20.8
Occasionally	28	58.3
Often	7	14.6
Don't know/no response	3	6.3
Total	48	100.0

Barriers to Care

The health care providers were given a list of possible barriers in providing effective health-related services to Hispanics. They were asked to indicate whether each item was a significant, moderate or minimal barrier. The chart below shows the percent responding significant, moderate or minimal for each item. In addition, every item marked significant was assigned 3 points, every item marked moderate, 2 points, and every item marked minimal, 1 point. The items were then ranked with the item with highest average number of points at the top.

Table LIX

Barriers to Health Care Provision

Type of barrier	% Responding significant	% Responding moderate	% Responding minimal	Average response
1. Do not see importance of preventive and regular health care	34.5	43.1	22.4	2.12
2. Don't know how to use services properly	27.1	44.1	28.8	1.98
3. Don't know services exist	24.1	37.9	37.9	1.86
4. Don't think services are relevant to their needs	23.6	30.9	45.4	1.78
5. Lack health insurance to pay for needed services	27.9	19.7	52.4	1.75
6. Not able to communicate with health personnel due to language difficulties	17.5	31.6	50.9	1.67
7. Low income/can't pay for services	21.3	19.7	59.0	1.62
8. Fail to keep appointments	14.8	25.9	59.3	1.56
9. Insufficient state/federal funds to aid this group	16.4	14.5	69.1	1.47
10. Service providers have poor understanding of the health needs of Hispanics	11.8	17.6	70.6	1.41
11. Services not available at a time or place that encourage their utilization	10.7	16.1	73.2	1.38

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In addition, four providers mentioned lack of adequate transportation as a barrier to care.

The following comments amplify the data describing barriers to care:

"The Spanish-speaking population, especially migrant workers, do not have adequate (if any) health insurance coverage. These patients do receive the necessary medical care, even if they cannot afford to pay, but I feel more would seek medical attention if they had adequate insurance plans." (HOSPITAL)

"Possible cultural barriers to utilization of family planning services." (FAMILY PLANNING CLINIC)

"Our goals may not match that of Spanish-speaking people, that is, education and information for expectant parents to enable them to participate together in healthy and satisfying birth." (CHILDBIRTH EDUCATION SERVICE)

"Hispanic culture does not have the same priorities as culture of usual health care providers, so Hispanic people don't understand why providers are upset when appointments aren't kept and regimes followed." (PUBLIC HEALTH DEPARTMENT)

In summary, the barriers to care as perceived by the health care providers center around the Hispanic client's inability to see the importance of preventive and regular health care and their lack of knowledge on how to use health services properly. Barriers such as the providers' lack of understanding of Hispanic health needs is rated as a much less significant barrier to care.

Services and Programs Provided to Hispanic Clients

The following section describes the services and programs provided to Hispanic clients by health care agenies. The services fall into four categories: 1)Outreach, 2)Educational, 3)Follow-up, and 4) Special Programs.

Outreach Programs. Health care providers were asked if they have made any initiative to reach, inform and direct Hispanic clients to health care services and programs. 46 or 60.5% of the respondents indicated that they have made some type of initiative. Table LX indicates the types of initiative used by the providers.

Table LX

Initiative Used to Reach Hispanics

Type	Number N=46	Percent
Brochures	26	56.5
Home visits	23	50.0
Notices	16	34.8
Newspaper advertising	14	30.4
Radio/TV advertising	10	21.7
Guest Speakers	4	8.7
Other	25	54.3

The "Other" category consisted of work with Latino organizations, referrals, newsletters, outreach.

Health Education. One-third (34.2%) of the agencies responding reported that they provided some type of health education information or program designed for the prevention of health or mental health problems to the Hispanic community. Almost two-thirds did not indicate that they provided any type of health education. The following chart indicates the percentage of providers who provided educational programs or material to the Hispanic community.

Table LXI

Providers of Educational Programs

N=76

Provider	Number	Percentage
Hospitals	2	14.3%
Medical clincs	2	25.0
Public health dept's.	5	45.5
School health dept's.	2	40.0
Family planning clinics	2	50.0
Doctors	1	20.0
Dentists	2	66.6
Public mental health clinic	5	55.6
Counseling	1	16.7
Social Service agency	3	75.0
Visiting Nursing services	0	0.0
Other	1	33.3
	76	34.2

Eighteen of the twenty-six providers (69.2%, who mentioned some type of health education made use of pamphlets and brochures. Depending on the type of provider, the subjects covered in the pamphlets included dental care, immunizations, pre-natal care, child care, nutrition, family planning information, breast self-examination, mental retardation and other developmental disabilities, drug abuse, alcoholism, chronic diseases such as diabetes and general preventive health care.

Nine of the providers said that they held classes on topics such as family planning, pre-natal care, parent training assertiveness training and alcoholism. Other types of health education mentioned included talks, home visits, film strips, movies, tapes, radio, personal health education counseling and working with local Latino organizations. However, some of the providers who said that they did not provide any educational programs for Hispanics said that their health education programs were designed for all people and not just a specific minority.

Follow-up Programs. 63.2% of the responding health care providers said they had some type of follow-up program for Hispanic clients. The following charts indicate the percent of providers having such a program and the types of follow-up used.

Table LXII

Provider with Follow-up Program

N=76

Provider	Number	Percent
Hospitals	4	28.6%
Medical clinics	7	87.5
Public health dept's.	11	100.0
School health dept's.	5	100.0
Family planning clinics	3	75.0
Doctors	1	20.0
Dentists	1	33.3
Mental health clinics	6	66.6
Counseling	2	33.3
Social Service Agency	4	100.0
Visiting Nurses' service	3	75.0
Other	1	33.3
	48	63.2

Table LXIII

Type of Follow-up Used by Provider

N=48

	Number	Percent
Home visit	29	60.4
Telephone	28	58.3
Letter/correspondence	16	33.3
Clinic-outpatient services	16	33.3
Other	7	14.6

Other types of follow-up included referrals to other agencies for services, use of an outreach worker and follow-up based on the needs of a particular patient.

Special Programs. Ten respondents indicated that they provided special services geared specifically toward the Hispanic population. Examples of these services include:

....One hospital uses the services of a local Latino organization for translating and helping patients procure Title 19 funds.

....A medical clinic in Waukesha provides all services in Spanish and English. They also provide translation at doctor's offices and other health care agencies as well as government agencies. Also, transportation services are provided when necessary.

....A family planning clinic has had a Spanish-speaking outreach worker and hopes to recruit another.

....One public health department hires a migrant nurse for the season. Clinics, Medical Services and Screening Services are provided.

....One school health department indicated the bilingual teachers have parent advisory group meetings.

....One dentist works with a clinic that provides medical-dental services to the Hispanic population.

....Two Latino organizations listed a variety of services that they provide to clients.

....One mental health clinic provides community education workshops and another uses referrals for supportive or manpower services to other agencies within the county.

Suggestions for the Improvement of Health Care to Hispanics

Health care providers were asked how health care services to Hispanic clients might be improved. The most frequent suggestion centered around the need for health education and preventive health care. For example, comments such as the following were made:

"Health care education stressing the importance of preventive measures and the places health care is available."

"Education on what constitutes good health and what are conditions which are treatable and need not simply be accepted."

Other health care providers saw a need to make Hispanic clients more aware of services available to them. For example:

"Information on available services...greater coordination between agencies which could provide services."

"Comprehensive outreach services in mental and physical health."

Some felt health care providers had to be better educated as to the special needs of the Hispanic population.

" Medical professionopen and trained to serve the cultural needs of Hispanic population."

Some felt the inability to pay for services caused many problems.

"Employment with health insurance benefits. Straight forward education of patient or person(s) responsible of responsibility to pay either from cash on hand, savings, or personal resources available."

Finally, some health care providers felt it was the responsibility of the Hispanic family to integrate itself into the health care system.

"These families must assume some responsibility--the rate of no show appointments etc., is extremely high after all possible arrangements have been made for them. There is a limit as to the amount of time an agency can spend with these families."

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

This study has as its purpose the study of the health care needs of the resident Hispanic population in a nine-county area in southeastern Wisconsin together with health care providers in that area in order to identify health problems and needs for services which are particularly acute among members of the Hispanic population.

A total of 525 households including 2,280 individuals in Racine, Kenosha, Walworth, Waukesha, Ozaukee, Washington, Rock, Jefferson and Dodge counties were surveyed in order to gain a broad perspective of the population. Questions were posed as to the nature of health care resources as well as problems. Particular data which respond to these questions have been presented in CHAPTER FIVE of the study. The data from a survey of health providers are contained in CHAPTER SIX.

A twofold structure will be helpful in interpreting the results of the survey:

1. In many respects, the Hispanic population is similar to the general population in its health care needs.
2. Despite similarities, there do exist some health care problems unique to the Hispanic population.

A careful study of these findings will lead one to conclude that level of health care may be a function of economic status and length of residence, rather than ethnic heritage. The income level of those households surveyed compared favorably with that of the entire state, as did such health care statistics as the length of time since the last visit to a doctor, the length of time since the last checkup , or the proportion of the population using birth control methods. Reasons given for not seeing a doctor (1. Can't afford it; 2. Feel uncomfortable with doctors) may also refer to the majority

population, as may services desired (1. Clinics providing free or inexpensive health care; 2. Clinics and doctors' offices open nights and weekends).

While the households surveyed reported areas of chronic and acute illness and disability, these are not peculiar to a particular segment of the population.

As the result, the general problems in obtaining adequate health care, which this study was designed to expose, are those of an entire population rather than of this particular ethnic minority.

Health care problems more prevalent among the Hispanic population seem to fall in the following areas:

1. Language difficulties,
2. Understanding health care procedures,
3. Understanding the components of preventive health care,
4. Knowing how to assess the present health care delivery system.

Recommendations.

For Further Study:

The similarity between the practices of the minority and majority populations suggests a rapid acculturation process of Hispanics. Some results of this process are steady employment and adequate income. At the same time, other Hispanics are less successful at obtaining employment and income. A study designed to identify components of this acculturation process might profit those who have not been able to secure employment.

For Further Programs:

The services desired by Hispanic residents reveal both needs unmet by present services and services presently available but unknown to the respondents to the survey. The Hispanic, as well as the general population in the nine-county area

would be well served by a program prepared to provide additional information about the availability of particular health care services to residents. At the same time, health care would benefit from assistance to providers in making known their services to a wider segment of the population than they currently serve. Hispanic advocacy groups seem uniquely prepared to assume the role of matching providers with needs identified in this study.

Summary. While the results and recommendations of the "Hispanic Health Care Survey" may differ from those of other surveys that emphasized greater discontinuity between the majority and the Hispanic population, the size and breadth of this sample cannot be overlooked as a source of credible parameters for the resident Hispanic population. The health care needs of this sample may be distinguished from those of migrant Hispanics, seasonal agricultural workers, Hispanics who follow the migrant stream, and Hispanics who are in the process of moving from a migratory to a residential lifestyle.

It is hoped that as a result of this survey the overall levels of health care in both the Hispanic and general populations will improve.

APPENDIX A

LIST OF LITERATURE REVIEWED

The following materials were reviewed by the project director and consultants. In addition, other persons and agencies that were contacted for information are listed below.

1. "Human Population laboratory Survey of Mexican-American Health"
   Robert E. Roberts, Ph.D.
   The Department of Psychiatry
   The University of Texas

2. "A National Survey of Access to Medical Care"
   Lu Ann Aday, Ph.D. (Spanish & English versions)
   Odin Anderson Ph.D.

   Survey designed and conducted by:
   Center for Health Administration Studies, University of Chicago
   In conjunction with: The National Opinion Research Center

3. "US Health Survey"
   Robert Wright
   Robert Fuchsberg

   "Current Estimates
   From the Health Interview Survey"
   United States - 1975
   Rockville,Maryland March 1977

4. 'Health Information Needs of the Elderly
   Dr. Laurie Gunter
   College of Human Development
   Penn State University

5. "Health Needs of a Hispanic Population in Dane, Dodge and Jefferson Counties"
   Prof. Doris Slesinger
   Donald Johnson
   Department of Rural Sociology
   University of Wisconsin-Extension 1977

6. "The Consumer's Health Survey"
   A Survey of the Health Care Needs of
   Kane, Kendall and McHenry Counties

   Conducted by:
   Operation Health, Inc.
   Kane County Government Center

7. "1977 Wisconsin Health Status Survey"
Southeastern Wisconsin Health Systems Agency, Inc. 1978

8. Mr. David Pinter, Research Analyst
Southeastern Wisconsin Health Systems Agency, Inc.

9. "How our Health System Fails Minorities"
June Jackson Christmas, M.D.
Fall, 1977
Civil Right's Digest

10. "Five-County Health Survey-Wisconsin"
Miriam K. Clarke
National Opinion Research Center
University of Chicago
December, 1969

11. "Health Care Needs of the Latino Clients"
Milton N. Silva, Ph.D.
Associate Professor of Psychiatry
Medical College of Wisconsin

UNITED MIGRANT OPPORTUNITY SERVICES, INC.

P.O. Box 04129
809 WEST GREENFIELD AVENUE
MILWAUKEE, WISCONSIN 53204
Phone: 671-5700

Dear Friends:

In cooperation with the Wisconsin Division of Health, United Migrant Opportunity Services, Inc. is conducting a health care survey. We are asking families of Hispanic origin who live in southeastern Wisconsin to tell us about their health care needs and concerns and to give us their opinions about the health care services available to them. Your home is one of those scientifically selected to represent the people in this area.

An interviewer who speaks both Spanish and English will be contacting you in a few days to arrange an interview. All information will be kept strictly confidential and will just be combined with other families for a statistical analysis.

Your opinions are very important. The information you provide will help officials meet the health care needs of families in the future.

If you have any questions or would like more information, please call me at my office.

I wish to thank you in advance for your time and cooperation.

Sincerely yours,

Barbara Kvasnica

Barbara Kvasnica
Director
Hispanic Health Care Survey

UNITED MIGRANT OPPORTUNITY SERVICES, INC.

P.O. Box 04129
809 WEST GREENFIELD AVENUE
MILWAUKEE, WISCONSIN 53204
Phone: 671-5700

Estimados amigos,

En cooperación con el Departamento de Salud del Estado, United Migrant Opportunity Services, Inc. está llevando a cabo un estudio de los necesidades de la salud. Les estamos preguntando a las familias de orígen Hispano que viven en el sureste de Wisconsin, que nos digan las necesidades de salud y los intereses. También, queremos saber sus opiniones de servicios de salud que son disponibles para ustedes. Su familia es una de las familias que fué escogida para representar a la gente de esta área.

Un entrevistador que habla Inglés y Español, establecerá contacto con Ud. para hacerle una entrevista. La información que Ud. suministra séra confidencial -- o sea que solamente séra conocida por las personas encargadas del estudio -- y séra mezclada con la de otras familias entrevistadas.

Sus opiniones son muy importantes. La información que Ud. nos de ayudará a los oficiales a cumplir las necesidades de salud de familias en el futuro.

Si Ud. tiene alguna pregunta o desea más detalles acerca de este estudio, comuniquerse a mi oficina.

Les quisiera agradecerles a Uds. por adelantado por su tiempo y cooperación.

Atentamente,

Barbara Kvasnica

Barbara Kvasnica
Directora
Hispanic Health Care Survey

United Migrant Opportunity Services
809 West Greenfield Avenue
Milwaukee, Wis. 53204
(414) 671-5700

County _____

City, Town, Rural Area _____

Household Number _____

Interviewer _____

HISPANIC HEALTH CARE SURVEY

Hello, I am from United Migrant Opportunity Services in Milwaukee. We are conducting a health survey in southeastern Wisconsin through the State Division of Health. We are asking Spanish-speaking residents to tell us about their health needs and about any problems they may have obtaining health care where they live. Your home has been scientifically selected to represent the people in this area.

May I speak to the lady of the house?

Circle one

Would you feel more comfortable speaking in Spanish or in English?

I am going to ask you some questions about health care. You are not obligated to answer any questions you do not wish to, and you can feel free to stop the interview at any time. All information will be completely confidential, and will just be combined with other families for a statistical analysis. In addition, identifying information will be removed from the interview so that no one will know which specific family the interview is from.

INTERVIEW INFORMATION

RECORD RESULTS OF EVERY HOUSEHOLD VISIT, INDICATE WHETHER INTERVIEW WAS TAKEN

IF NO INTERVIEW TAKEN - INDICATE REASON FROM LIST AND EXPLAIN WHEN NECESSARY

a) No one at home
b) Respondent not at home; someone seen but not (R): Explain
c) Respondent temporarily unavailable for interview: Explain
d) Refusal: Explain
e) Break-off: interview begun but not completed: Explain
f) Housing unit vacant: no one living in HU
g) Address not a household unit (Commercial building, destroyed)
h) No Spanish-speaking members of household: Explain
i) Household no longer at this address. Family moved.
Indicate: _____ Address unknown
_____ Out of State
_____ In area (Where) _____
j) Other: Explain _____

RECORD OF CALLS

Call No.	DATE	TIME	
1.			
2.			
3.			
4.			

(USE CHART A Q 1-7 INDICATE RESPONDENT)

A. Could you tell me the first name of each person who lives in this household? Please include anyone temporarily away on business or on vacation or any student away from home and living in a dormitory. Let's begin with the head of the household.

B. What is the relationship of each person to the head of the household? What is the age and sex of each person?

FOR RESPONDENT

1. In general would you say your own health is excellent, good, fair or poor?

2. Where do you usually go for medical care when you are sick - to which person or place? PROBE FOR NAME, ADDRESS OF DOCTOR/ CLINIC/ HOSPITAL IF PERSON CANNOT NAME SPECIFIC HEALTH PROVIDER SKIP TO Q4.

   2a. Is this a: (RECORD LETTER FOR TYPE OF PROVIDER - ONE ONLY)

   a. Doctor in private practice
   b. Clinic - no specific doctor
   c. Outpatient clinic or Hospital
   d. Hospital emergency room
   e. Other (specify)
   f. Never go to doctor (SKIP TO Q8)

   2b. (If doctor) Is this doctor a general practitioner, a specialist, a chiropractic doctor, or what?

   (If clinic or Hospital) in this clinic/hospital a medical chiropractic or what kind of clinic/ hospital?

3. How did you learn of this doctor/ clinic/ hospital? Was it from:

   a. Friend or relative
   b. Another doctor
   c. Nurse, druggist, dentist or other medical personnel besides a doctor
   d. Agency suggestion or referral (specify name of agency)
   e. Other (specify) _____

4. When was the last time you saw a medical doctor about your health? (YEARS / MONTHS)

5. For what reason did you last see a doctor? Was it for:

a. A routine check-up SKIP TO Q7
b. Because of sickness GO TO Q5a
c. Because of injury GO TO Q5b
d. Because of pregnancy or for family planning information SKIP TO Q6
e. Other (specify) _____ SKIP TO Q6

(IF ILLNESS) 5a. What was the illness? (GO TO Q6)

(IF INJURY) 5b. What kind of injury was it and what part of the body was hurt?

5c. Where did the accident happen?

a. At home or at someone else's home
b. Street or highway (including roadway and public sidewalk)
c. Place of work
d. School
e. Place of recreation and sports, except school
f. Other (Specify)

6. How long ago did you last have a physical exam or check-up when you were not sick? (YEARS/MONTHS)

7. (IF ADULT 18+) Have you had any of the following tests in the last 12 Months?

a. TB Skin test
b. Chest x-ray
c. Blood pressure reading
d. Electrocardiogram (EKG)
e. Flu shot
f. (IF FEMALE) A pap smear test for cancer
g. (IF FEMALE) A breast exam by a doctor

FOR OTHER HOUSEHOLD MEMBERS - SPOUSE - CHILDREN

(ASK FOR EACH MEMBER OF THE HOUSEHOLD)

1. In general would you say (Name's) health is excellent, good, fair, or poor?

2. Where does (NAME) usually go for medical care when he/she is sick-to what person or place? PROBE FOR NAME, ADDRESS OF DOCTOR/CLINIC/ HOSPITAL IF PERSON CANNOT NAME SPECIFIC HEALTH PROVIDER SKIP TO Q4.

2a. Is this a (RECORD LETTER FOR TYPE OF PROVIDER - ONE ONLY)

a. Doctor in private practice
b. Clinic - no specific doctor
c. Outpatient clinic of hospital
d. Hospital emergency room
e. Other (specify)
f. Never goes to doctor SKIP TO Q9

2b. (If doctor) Is this doctor a general practitioner, a specialist, a chiropractic doctor, or what?

(If clinic or hospital) Is this clinic/hospital a medical, chiropractic or what kind of clinic/hospital?

3. How did (Name) learn of this doctor/clinic/hospital? (If child under 18 ask how parent learned of doctor or facility) Was it from:

a. Friend or relative
b. Another doctor
c. Nurse, druggist, dentist or other medical personnel besides a doctor
d. Agency suggestion or referral (Specify name of agency)
e. Other (specify) _____

4. When was the last time (Name) saw a doctor about his/her health? (MONTHS/YEARS)

5. For what reason did (Name) last see a doctor? Was it for:

a. A routine check-up SKIP TO Q7
b. Because of sickness GO TO 5a
c. Because of injury GO TO 5b.
d. Because of pregnancy or for family planning information SKIP TO Q6
e. Other (Specify) _____ SKIP TO Q6

(IF ILLNESS) 5a. What was the illness?

(IF INJURY) 5b. What kind of injury was it and what part of the body was hurt?

5c. Where did the accident happen?
a. At home or at someone else's home
b. Street or highway (including roadway and public sidewalk)
c. Place of work
d. School
e. Place of recreation and sports, except school
f. Other (Specify) _____

6. How long ago did (Name) last have a physical exam or check-up when he/she was not sick? (YEARS/MONTHS)

7. (IF ADULT 18+) Has (Name) had any of the following tests in the last 12 months?

RECORD LETTER (S)
a. TB Skin test
b. Chest x-ray
c. Blood pressure reading
d. Electrocardiogram (EKG)
e. Flu shot
f. (IF FEMALE) A Pap test for cancer
g. (IF FEMALE) A breast exam by a doctor

Respondent _____

CHART A
Q 1-7

A	B	B	B	1	2	2a	2b	3	4	5	5a or 5b	5c	6	7
NAME	Rel' ship to head	Age	M/F	Perception of health EGFP	Name, Location of Provider	Type of Provider	Type of Doctor Clinic	Referral	When Last Visit	Reason for last visit	Describe Illness or Injury	Place of injury	When Last Check-up	Tests
106													107	

8. Do any of the following conditions bother you or someone in you household? READ LIST - IF YES - ASK 8a & 8b.

8a. Who had this condition? RECORD NAMES OF ADULTS 18+ AND CHILDREN SEPARATELY

8b. Has (Name) seen a doctor about this condition in the last 12 months?

CIRCLE IF YES	ADULTS (Names)	ADULTS Seen Doctor Yes/No	CHILDREN (Names)	CHILDREN Seen Doctor. Yes/No
A. Eye Trouble				
B. Ear Trouble				
C. Shortness of breath				
D. Pain in the Chest				
E. Constant coughing				
F. High blood pressure				
G. Sinus trouble				
H. Asthma				
I. Allergics or hay fever				
J. Swollen joints				
K. Frequent backaches				
L. Frequent trouble falling asleep				
M. Irritablity				
N. Stomach pains				
O. Kidney trouble				
P. Bladder trouble				
Q. Nervousness				
R. Arthritis				
S. Rashes				
T. Frequent headaches				
U. Menstrual troubles (Females)				
V. Feeling very tired for no special reason				

9. Have any of the following reasons kept you or someone in your household from seeing a doctor during the past year?

CHECK ALL THAT APPLY

_____ A. Don't know what doctor to go to.

_____ B. Can't afford it.

_____ C. Would lose pay or income from work

_____ D. Have no transportation

_____ E. Unable to get there at time service is offered

_____ F. Doctor's office is too far away

_____ G. Can't get an appointment

_____ H. Can't speak English

_____ I. Husband or other members of the family won't allow

_____ J. Have no one to look after children

_____ K. Doctor doesn't explain much; don't understand explanations

_____ L. You had or know of previous bad experiences in family/friends

_____ M. Afraid of what doctor might find

_____ N. Feel uncomfortable with doctors

10. Here are some additional reasons why people don't go to doctors. Have any of these reasons kept you or someone in your household from seeing a doctor?

_____ A. Don't believe in doctors

_____ B. Believe in sources of healing other than doctors
(Specify) _____

_____ C. Do not need doctor/can treat own health problem.

_____ D. Never Sick

_____ E. Other reasons (Specify) _____

USE CHART B FOR Q 11 - 14

11. Which adult members of the household 18 years and older have any long term illness, disability or health problem? This includes things such as heart trouble, diabetes, ulcers, arthritis or any health problem that has bothered you or someone in the household for a period of time. WRITE NAMES ON CHART - IF NONE, SKIP TO Q. 14.

12. ASK THE FOLLOWING FOR EACH MEMBER OF THE HOUSEHOLD WITH A HEALTH PROBLEM What kind of health problem is this? (PROBE FOR NAME OF ILLNESS, SYMPTOMS BODY PART AFFECTED. RECORD ON CHART, IF MORE THAN ONE CONDITION ASK FOR EACH ONE)

12a. Is (Name) receiving some kind of treatment or medication prescribed by a doctor for this condition?

12b. How long has (Name) had this condition or health problem?

12c. Approximately, how often does it prevent (Name) from doing (your/his/her) usual activities? That is, going to work, doing housework, going to school, etc. RECORD LETTER

a. Everyday
b. A few days per week
c. A few days per month
d. A few days per year
e. Never

13. Does (Name) need any special help or resources or (do you) (does he/she) need to attend special classes or receive special training because of (your/his/her) disability or health problem?

Yes No (SKIP TO Q14)

(IF YES)
13a. What kind of help, resources, classes or training?

13b. Is (Name) receiving this help? Yes No

13c. (If Yes) From whom is (Name) receiving this help?
(If No) Why isn't (Name) receiving this help?

14. Do any of your children under 18 have any illnesses or disabilities that limit them in any way? ("Limit" in so far as needing help in eating, dressing, or not being able to keep up in sports or play in school with other children.)

(IF YES) Write Names on chart and repeat Q 12 and Q 13
(IF NO) Go to Q 15

CHART B
Q 11 - 14

(11&14) NAME	(12) Illness/Disability (Symptoms, Body part Affected)	(12a) Receiving treatment Yes/No	(12b) How Long condition existed	(12c) Limitations	(13) Special help needed Yes/No	(13a) Type of help needed	(13b) Now receiving aid Yes/No	(13c) From whom help is received or why not received

USE CHART C Q15-20

WRITE NAMES OF ALL HOUSEHOLD MEMBERS

15. Where does each member of the household usually go for dental care - to what person or place? (PROBE FOR NAME OF DENTIST, CLINIC, ADDRESS, ETC.)

16. How did (Name) learn of this dentist/clinic? Was it from:

a. Friend or relative
b. Other medical personnel
c. Agency suggestion or referral (Specify name of agency)
d. Other (Specify) _____

17. When was the last time each member of the household was examined or treated by a dentist? (YEARS/MONTHS)

18. Which of these kinds of treatment did each member of the household receive when (he/she) last went to the dentist?

WRITE LETTER (S) OF ALL THAT APPLY

a. An examination/check-up
(this includes x-rays or cleaning)
b. Treatment of some dental problem
c. Orthondontics (braces)
d. Other (specify) _____

19. Which members of the household have a dental problem now ..... such as a cavity, a broken tooth, poorly fitting false teeth and so forth? (CHECK NAMES - IF NONE SKIP TO Q20)

19a. ASK THOSE WITH DENTAL PROBLEM What is the problem?
19b. Has (Name) seen a dentist about this problem? Yes No

20. Have any of the following reasons kept you or someone in your household from seeing a dentist during the past year?

WRITE ALL LETTERS THAT APPLY ON CHART

a. Don't know what dentist to go to
b. Cannot afford it
c. Would lose pay or income from work
d. No transportation
e. Dentist's office is too far away
f. Cannot get an appointment
g. Cannot speak English
h. Have no one to look after children
i. Afraid of dentists
j. Other reasons (specify) _____

CHART C
Q 15 - 20

NAME	(15) Dentist or clinic	(16) Referral	(17) Last Visit	(15) Reason for last visit	(19) Dental Problem (Check Names)	(19a) Nature of Problem	(19b) Seen Dentist Yes/No	(20) Reasons for not seeing dentist	

Q 21 - 24 ASK ONLY FEMALE RESPONDENTS AGES 16 - 45

21. I have some questions about family planning. Which of the following statements best describes your need for family planning information?

_____ a. Would like information made available to me

_____ b. Satisfied with present knowledge

_____ c. Do not desire to use birth control

_____ d. Other (Explain) _____

22. Have you ever discussed birth control or family planning with any of the following?

CHECK ALL THAT APPLY

_____ a. Friend or relative

_____ b. Doctor

_____ c. Nurse

_____ d. Family planning clinic

_____ e. Pharmacist

_____ f. Other (Specify) _____

23. Here is a list of ways men and women sometimes delay or prevent pregnancies. Are you now using any kind of contraceptive to keep from getting pregnant?

Yes No GO TO Q24

23a. (IF YES) Could you tell me what kind of contraceptive you are now using? ASK (R) TO INDICATE LETTER

_____ a. Pill
_____ b. Intrauterine device (IUD or LOOP)
_____ c. Diaphragm
_____ d. Condom (Rubber)
_____ e. Foam
_____ f. Rhythm
_____ g. Withdrawal (Pulling out)
_____ h. Abstinence
_____ i. Sterilization - Male (Vasectomy)
_____ j. Sterilization - Female (Tubes tied, hysterectomy)
_____ k. Other (Specify) _____

23b. (IF PILL OR IUD) Ask - Where did you get (it) (them)?

_____ a. Private doctor
_____ b. Family planning clinic
_____ c. Other clinic (specify) _____
_____ d. Other (specify) _____

24. (ASK ONLY IF (R) ANSWERS NO TO Q23)

Have you ever used any kind of birth control?

YES NO (GO TO Q25)

24a. (IF YES) Could you tell me which methods?

_____ a. Pill
_____ b. Intrauterine device (IUD OR LOOP)
_____ c. Diaphragm
_____ d. Condom (rubber)
_____ e. Foam
_____ f. Rhythm
_____ g. Withdrawal
_____ h. Abstinence
_____ i. Sterilization - male (Vasectomy)
_____ j. Sterilization - female (tubes tied, hysterectomy)
_____ k. Other (specify) _____

24b. (IF PILL OR IUD) ASK - Where did you get (it) (them)?

_____ a. Private Doctor
_____ b. Family planning clinic
_____ c. Other clinic (specify) _____
_____ d. Other (Specify) _____

ASK ALL RESPONDENTS

25. Is anyone in the household now pregnant?

YES NO (SKIP TO Q28)

26. (IF YES) Who is pregnant? _____

26a. How many months pregnant (are you) (is she)? _____

27. (Have you) (has she) seen a doctor about this pregnancy?

YES NO (SKIP TO Q28)

27a. (IF YES) How many times (have you) (has she) seen a doctor? _____

27b. Have many months pregnant (were you) (was she) when (you) (she) first saw a doctor? _____

28. Problems often come up in life. Sometimes they are personal problems. Sometimes they are problems in a marriage or problems with a child or job. Within the last few years, have you or has anyone in the family ever gone voluntarily to any of the following persons for advice and help with a personal problem? READ LIST - CHECK ALL THAT APPLY

_____ a. Friend or relative
_____ b. Priest or minister
_____ c. Doctor
_____ d. Psychiatrist or Psychologist
_____ e. Marriage/family counselor or social worker
_____ f. Lawyer
_____ g. Policeman, Judge or someone in the Court
_____ h. Teacher
_____ i. Book or newspaper columnist
_____ j. Astrologist, palmist, fortuneteller, medium
_____ K. Other (specify) _____
_____

USE CHART Q29

29. Could you tell me if any of the following have become problems for you other members of this household in the past year?
(READ LIST ON CHART - IF RESPONDENT ANSWERS YES GO TO Q29A)

29a. Who has this problem?

29b. Did (Name) go somewhere for help with this problem Yes No

(IF NO) 29c. Why hasn't (Name) gone for help?

a. Problem not serious enough/could solve it yourself
b. Didn't know where to go
c. Couldn't afford it
d. Would have lost pay or income from work
e. Cannot speak English
f. No transportation
g. Other reason (Specify) _____ GO TO Q30

(IF YES) 29d. Where did (Name) go for help? (PROBE FOR NAME OR AGENCY AND TYPE OF PROFESSIONAL)

29e. How many times did (Name) see this person in the past year?

29f. Did it help (Name's) problem very much, some or not at all?

Chart D Q29

	29a. Person who has problem (Name)	29b. Help sought YES/NO	(Circle one) 29c. Why not receiving 29d. Where receiving help	29e. # of time	29f. Did it help? very much	some	no
A. Has anyone suffered from acute nervousness or tension? _____							
B. Has anyone been severely depressed or unhappy? _____							
C. Has anyone been bothered by Loneliness or homesickness? _____							
D. Has anyone had a problem with their job or unemployment? _____							
E. Has anyone been affected by marriage or family problems? _____							
F. Has anyone been affected by a drinking problem or alcoholism? _____							
G. Has drug abuse become a problem for anyone? _____							
H. Does anyone have a problem getting along with other people? _____							
I. Have there been any problems with the children? _____							

30. We are interested in finding out whether or not people are getting th kinds of health care they need. Here is a list of different health services. As I read the list, please tell me which of these services you or someone in your household is now using or would use if available?

READ LIST-CHECK ALL THAT APPLY-GO BACK TO SERVICES CHECKED ASK Q30a AND Q30b		30a. Do you know where this service is available to you in this area? Yes/No	30b. Has anyone in the household used this service in the last year?
_____	A. Clinics providing free or inexpensive health care	A. _____	_____
_____	B. Family planning services	B. _____	_____
_____	C. Mental health or psychiatric services	C. _____	_____
_____	D. Marriage/family counseling	D. _____	_____
_____	E. Drug and alcoholism counseling	E. _____	_____
_____	F. Day care/babysitting services	F. _____	_____
_____	G. Home visits by public health nurse before/after birth of child	G. _____	_____
_____	H. Well-baby child care clinics	H. _____	_____
_____	I. Nutrition information/classes	I. _____	_____
_____	J. Expectant parent classes	J. _____	_____
_____	K. First aid training	K. _____	_____
_____	L. Chiropractic clinics & services	L. _____	_____
_____	M. Good nursing home facilities	M. _____	_____
_____	N. Visiting nursing services	N. _____	_____
_____	O. Immunization clinics	O. _____	_____
_____	P. Emergency care services	P. _____	_____
_____	Q. One doctor taking care of the whole family	Q. _____	_____
_____	R. Better transportation to health facilities	R. _____	_____
_____	S. Clinics and doctors' offices open nights and weekends	S. _____	_____
_____	T. Doctors and medical facilities located closer to home	T. _____	_____

31. Now could you tell me which three of these services are most needed by you and your family? (GIVE LETTERS FROM LIST)

A._____ B. _____, C._____

32. Are there any health care services that you and your family see as very important that are not currently being provided in your area?

Yes (Specify) No

a. _____

b. _____

c. _____

33. How could doctors or other health care providers improve their services to you and your family?

Person, Service, Facility	Suggestion for improvement
a. _____	_____
b. _____	_____
c. _____	_____

34. Please tell me the names of any organization in the area whc help Spanish-speaking persons secure good health care services.

a. _____

b. _____ OR Do not know of any (SKIP TO Q35)

c. _____

34a. Which ones have you had contact with?

34b. What kinds of help did they provide?

(34a) Name of organization	(34b) Type of help received
1. _____	_____
2. _____	_____
3. _____	_____

35. Are you aware of any kinds of health problems which seem to be unique or more frequent among the Spanish-speaking population than among other persons?

YES NO (GO TO Q36)

35a (IF YES) DESCRIBE _____

36. Is the doctor or are members of the staff where you seek health care bilingual in Spanish and English?

YES NO

37. Is it ever necessary to have family members or friends go with you to interpret when you go for medical care?

YES NO

38. If your doctor or clinic were bilingual do you feel this would be a help to you?

YES NO

39. When you receive instructions from the doctor, pharmacist or members of staff where you seek health care in what language are they written?

ENGLISH SPANISH

39a. Do you need help translating the written instructions?

YES NO

The next questions relate to how you meet medical costs.

40. Are any members of this household covered by medical or hospital insurance? This includes coverage through employment, a private policy, medicare, medicaid or VA benefits.

NO (GO TO 40a.) YES (GO TO Q40b.) Don't Know (GO TO Q41)

40a. If you do not have health insurance, is it because:

_____ A. You cannot afford it

_____ B. You are not eligible to receive it

_____ C. You don't want it; don't believe in it

_____ D. Some other reason (Explain) _____

40b. Here is a list of various types of health insurance. Please tell me who in your household is covered by each of these plans.

	ALL FAMILY MEMBERS	SOME (SPECIFY NO.)	NONE
A. Coverage through employment			
B. Blue-cross/Blue shield (other than through employment			
C. Private Insurance Companies (other than through employment)			
D. Medicare (Medical assistance for the elderly)			
E. Medicaid			
F. Military and VA			

41. (ASK ONLY IF (R) STATES SOMEONE IN HOUSEHOLD IS RECEIVING MEDICAID) Have you ever heard of the Early Periodic Screening Diagnosis and Treatment Program? (This is a health program for children under 21 who receive Medicaid benefits)

YES NO (GO TO Q42)

41a. (IF YES) Which members of the household have used this service?

_____ _____

_____ _____

_____ _____

42. In the past year, has there been any medical or health care service which some member of the family needed, but didn't get because you couldn't afford it or because your insurance didn't cover it?

YES NO

42a. (IF YES) What service was this? _____

43. Since you have been in Wisconsin has any member of your family ever been refused medical care or admission to a hospital because you didn't have insurance or were unable to pay immediately? YES NO

43a. What service was this? _____

43b. (IF YES) Where was this? _____
(Name of provider, location)

USE CHART BELOW QUESTIONS 44-48. WRITE NAMES OF ALL HOUSEHOLD MEMBERS
Now I would like to get some background information to help us interpret the results of this survey.

44. What is the highest grade or year of school you have completed?

What is the highest grade the head of the household has completed?

INDICATE LETTER

a. 1-6	d. 12	g. Post-graduate degree
b. 7-9	e. some college	
c. 10-11	f. college degree	

45. Could you tell me if each household member is working full-time, working part-time, is a full-time student, a housewife, disabled, retired, unemployed or what?

(IF EMPLOYED)
45a. What kind of work does (Name) do?
45b. (If farmwork) Is this seasonal?

46. Has any member of the household had any vocational, technical or business school training? Yes No

46a. (If yes) what type?

47. What is the ethnic heritage of each person in the household?

a. Mexican	d. Puerto Rican	g. Other (Specify)
b. Mexican-American	e. Cuban	_____
c. Central or South-American	f. Anglo	

48. Where was each household member born? (STATE OR COUNTRY)

	44	45	45a	45b	46	47	48
		EMPLOYMENT					
NAME	EDUC	WORK STATUS	TYPE EMPL.	SEASONAL YES/NO	OTHER SCHOOL	ETHNIC HERITAGE	BIRTHPLACE

49. How long has your family lived in this county?_____
(YEARS/MONTHS)

50. Here are some of the ways in which people received their yearly income. From which of these sources did you or anyone in the family receive income in 1977? CHECK ALL THAT APPLY

_____ A. Wages or salary (income from employment)
_____ B. Social Security or other retirement payments or pension
_____ C. V.A. Payments or armed forces allotments
_____ D. Interest, dividends or rental payments
_____ E. Public aid (welfare)
_____ F. Unemployment compensation
_____ G. Workmen's compensation
_____ H. Alimony or child support
_____ I. Friends or relatives
_____ J. Other (Specify) _____

51. Just roughly, what was your total family income before taxes in 1977 considering all sources. Here is a list showing yearly income. Next to each amount is a letter. Would you tell me what letter represents your income?

_____ A. Under $1,000
_____ B. $1,000-$1,999
_____ C. $2,000-$2,999
_____ D. $3,000-$3,999
_____ E. $4,000-$4,999
_____ F. $5,000-$5,999
_____ G. $6,000-$6,999
_____ H. $7,000-$9,999
_____ I. $10,000-$14,999
_____ J. $15,000-$24,999
_____ K. $25,000 And Over

Do you have any question about this survey that I can answer now? If you have any questions later you can call the director of the project at this number. (PRESENT CARD)

INTERVIEWER SUMMARY

TIME INTERVIEW ENDED A.M. _____
P.M. _____

INTERVIEW PRIMARILY IN ( ) ENGLISH
( ) SPANISH
( ) BOTH

R's Cooperation was:

_____ EXCELLENT
_____ GOOD
_____ FAIR
_____ POOR

United Migrant Opportunity Services
809 West Greenfield Avenue
Milwaukee, Wisconsin 53204

County _____

City, town, rural area _____

Household Number _____

Interviewer _____

HISPANIC HEALTH CARE SURVEY

Buenos días (tardes) soy de UMOS en Milwaukee. Estamos llevando a cabo un estudio sobre la salud en el sureste de Wisconsin por el Departamento de salud del estado. Les estamos pidiendo a los residentes de origen Hispano que nos digan de sus necesidades de la salud y de problemas que tengan en obtener cuidado de la salud donde viven. Su casa ha sido escogida cientificamente para representar la gente en esta afea.

¿Puedo hablar con la dama de la casa?

Circle One

¿Estariá Ud. más comodo hablando en español o inglés?

Le voy a hacer algunas preguntas. Ud. no tiene que responder ninguna de ellas y si asi lo desea, podemos terminar la entrevista cuando Ud. lo considere conveniente Toda la información es confidencial y será mezclada con la de otras familias para hacer el estudio. La primera hoja de cada cuestionario será removida, de tal manera que la información sobre la familia no tendrá ninguna identificación.

****

INTERVIEW INFORMATION

RECORD RESULTS OF EVERY HOUSEHOLD VISIT - INDICATE WHETHER INTERVIEW WAS TAKEN

IF NO INTERVIEW TAKEN - INDICATE REASON FROM LIST AND EXPLAIN WHEN NECESSARY

a). No one at home
b). Respondent not at home; someone seen but not (R): Explain
c). Refusal: Explain
d). Break-off interview begun but not completed: Explain
f). Housing unit vacant, no one living in HU
g). Address not a housing unit; (commercial building, destroyed)
h). No Spanish-speaking member of household: Explain
i). Household no longer at this address. Family moved.
Indicate _____ Address unknown
_____ Out of State
_____ In area (where) _____
j). Other: Explain

RECORD OF CALLS			
Call No.	Date	Time	Detailed Result of Each Call
1.			
2.			
3.			

(USE CHART A Q 1-7 INDICATE RESPONDENT)

A. ¿Me podría decir el primer nombre de cada persona que vive en esta casa? Por favor, incluya alguien que temporalmente está lejos de la casa a causa de negocio o de vacaciones o cualquier estudiante que está lejos de la casa y viviendo en un dormitorio. Empezamos con el jefe de la familia.

B. ¿Cuál es la relación de cada persona al jefe de la familia? ¿Cuál es la edad y el sexo de cada persona?

FOR RESPONDENT

1. En general, ¿diría Ud. que su salud es excelente, buena, regular o mala?

2. ¿Cuándo Ud. está enfermo, ¿a quién acude o visita o a qué lugar va? PROBE FOR NAME, ADDRESS OF DOCTOR/CLINIC/HOSPITAL - IF PERSON CANNOT NAME SPECIFIC HEALTH PROVIDER SKIP TO Q4.

   2a. Es este: (RECORD LETTER FOR TYPE OF PROVIDER - ONE ONLY)

   a. Un doctor de práctica particular
   b. Una clínica - no hay un doctor específico
   c. Una clínica externa de un hospital
   d. Departamento de emergencia de un hospital
   e. Otro (especifique)
   f. Nunca va a un doctor

   2b. (If doctor) ¿Es este doctor un médico general, un especialista, un quiropráctico, o qué?

   (If clinic or hospital) ¿Es esta clínica/hospital médica, quiropráctica, o qué tipo de clínica o hospital?

3. ¿Cómo supo Ud. de este doctor/clínica/hospital? Fue de:

   a. Un amigo o un pariente
   b. Otro doctor
   c. Una enfermera, un farmacéutico, un dentista, u otro personal médico además de un doctor
   d. Una sugerencia de una agencia
   e. Otro (especifique)

4. ¿Cuándo fue la última vez que Ud. visitó un doctor acerca de su salud?

5. ¿Por cuál razón visitó al doctor la última vez? Fue Por:

a. Un examen general SKIP TO Q7
b. A causa de enfermedad GO TO Q5a
c. A causa de herida GO TO Q5b
d. A causa de embarazo o por información, acerca de planificacion familiar (SKIP TO Q6)
e. Otra (especifique) _____ SKIP TO Q6.

(Si es enfermedad) 5a. ¿Cual era la enfermedad? (GO TO Q6)

(Si es herido) 5b. ¿Que tipo de herida era y cuál parte del cuerpo estaba herido?

5c. ¿Doñde ocurrió el accidente?
a. en casa o en la casa de otra persona
b. en la calle o en la carretera
c. el lugar de trabajo
d. la escuela
e. lugar de recreación y deportes, con la excepción de la escuela

6. ¿Cuañto tiempo hace qué le hicieron el último examen general sin que hubiera estado enfermo?

7. (Adulto 18+) ¿Ha tenido alguno de los siguientes examenes en los últimos doce meses?

RECORD LETTER (S)

a. Un examen de la piel para prevenir la tuberculosis
b. Rayos X de los pulmones
c. La presión de la sangre
d. Electrocardiograma
e. Vacuna contra la gripe
f. (IF FEMALE) examen vaginal, una prueba de cancer de Pap
g. (IF FEMALE) examen de los senos, hecho por un doctor

FOR OTHER HOUSEHOLD MEMBERS - SPOUSE - CHILDREN

(ASK FOR EACH MEMBER OF THE HOUSEHOLD)

1. En general, ¿diría Ud. que la salud de (NAME) es excelente, buena, regular o mala?

2. Generalmente a donde va Ud. (Name) para el cuidado de la salud cuando el/ella está enfermo - a qué persona o lugar? PROBE FOR NAME, ADDRESS OF DOCTOR/CLINIC

2a. Es este: (RECORD LETTER FOR TYPE OF PROVIDER - ONE ONLY)

a. Un médico en práctica general
b. Clínica - no hay un doctor específico
c. Una clínica externa de un hospital
d. Un departamento de emergencia de un hospital
e. Otro (especifique) _____
f. Nunca va a un doctor SKIP TO Q9

2b. (SI ES DOCTOR) ¿Es este doctor un médico general, un especialista, un quiropráctico, o qué?

(SI ES UN CLINICA O HOSPITAL) ¿Es esta clinica/hospital médica, quiropractica, o qué tipo de clínica o hospital?

3. ¿Cómo supo (NAME) de este médico/clínica/hospital? Fue de:

a. Un amigo o pariente
b. Otro médico
c. Una enfermera, un farmaceutico, un dentista, u otra personal médico además de un doctor
d. Una sugerencia de una agencia
e. Otra (especifique) _____

4. ¿Cuándo fue la última vez que (NAME) visitó un médico acerca de su salud? (AÑOS/MESES)

5. ¿Por cual razon visitó el doctor la útima vez? Fue por:

a. Un examen general SKIP TO Q7
b. A causa de una enfermedad GO TO 5a
c. A causa de una herida GO TO 5b
d. A causa de embarazo para información acerca de planificacion de la familia
e. Otra (especifique) _____ SKIP TO Q6

(SI ES ENFERMEDAD) 5a ¿Cuál era la enfermedad?

(SI ES HERIDO) 5b. ¿Qué tipo de herida era y cuál parte del cuerpo estaba herido?

5c ¿Donde ocurrió el accidente?

a. en casa o en la casa de otra persona
b. en la calle o en la carretera
c. el lugar de trabajo
d. la escuela
e. lugar de recreación y deportes, con la excepción de la escuela

6. ¿Cuanto tiempo hace que le hicieron a (NAME) un examen general sin que hubiera estado enfermo?

7. (ADULTO 18+) ¿Ha tenido (name) alguno de los siguientes examenes en los últimos doce meses?

RECORD LETTER (S)

a. Un examen de la piel para tuberculosis
b. Rayos X de los pulmones
c. La presión de la sangre
d. Electrocariograma
e. Vacuna contra la gripe
f. (IF FEMALE) Examen vaginal, una prueba de cancer de Pap
g. (IF FEMALE) Examen de los senos, hecho por un doctor.

Respondent _____

CHART A
Q 1-7

A	B	B	B	1	2	2a	2b	3	4	5	5a or 5b	5c	6	7
NAME	Rel' ship to head	Age	M/F	Perception of health EGFP	Name, Location of Provider	Type of Provider	Type of Doctor Clinic	Referral	When Last Visit	Reason for last visit	Describe Illness or Injury	Place of injury	When Last Check-up	Tests

8. ¿Le molesta a Ud. o alguien en su casa las siguientes condiciones? READ LIST - IF YES - ASK 8a. & 8b.

8a. ¿Quien tiene esta condicioñ? RECORD NAMES OF ADULTS 18+ AND CHILDREN SEPARATELY

8b. ¿Ha (name) visitado un doctor acerca de èsta condición en los últimos doce meses?

CIRCLE IF YES	ADULTS NAME	ADULTS SEEN DOCTOR YES/NO	CHILDREN NAME	CHILDREN SEEN DOCTOR YES/NO
A. Problemas de los ojos				
B. Problemas de los oídos				
C. Dificultad al respirar				
D. Dolores de pecho				
E. Tos frecuente				
F. Alta presión de la sangre				
G. Sinusitis				
H. Asma				
I. Alergia ó fiebre de heno				
J. Coyunturas frecuente				
K. Dolor de espalda frecuente				
L. Problema de dormir frecuente				
M. Irritabilidad				
N. Dolores de estómago frecuente				
O. Problemas de los riñones				
P. Problemas de la vejiga				
Q. Nerviosidad				
R. Artritis				
S. Sarpullido				
T. Dolores de cabeza frecuente				
U. Problemas con la menstruación				
V. Cansarse muy rapidamente				

9. De las siguientes razones ¿Hay algunas que le han impedido a Ud. o alquien más en su casa ir a visitar un doctor en el año pasado?

CHECK ALL THAT APPLY

_____ a. No sabe que doctor pueda visitar

_____ b. No puede pagarlo

_____ c. Perdería sueldo del trabajo

_____ d. No tiene transporte para ir

_____ e. No puede ir cuando ofrecen el servicio (las horas son incoveniente)

_____ f. El consultorio del doctor está muy lejos

_____ g. No puede conseguir una cita

_____ h. No puede hablar inglés

_____ i. Su esposo u otros miembros de la familia no lo permitiría

_____ j. No tiene nadie más que cuide los niños

_____ k. Los doctores no explican mucho

_____ l. Ud. tuvo malas experiencias o tiene amigos o parientes que tuvieron malas experiencias

_____ m. Tiene miedo de lo que el doctor pueda encontrar

_____ n. Se siente incómodo con doctores

10. Hay otras razones por las que uno no va al doctor. De las siguientes razones, ¿Hay algunas que le han impedido a Ud. o alguien más en su casa ir a visitar un doctor?

_____ a. No cree en los doctores

_____ b. Cree en otros modos de curarse

(especifique) _____

_____ c. No necesita un doctor: puede curar sus propias enfermedades

_____ d. Nunca está enfermo

_____ e. Otra razones (especifique) _____

USE CHART B FOR Q11-14

11. ¿Cuales miembros de la familia que tienen 18 años o más tienen alguna enfermedad, impedimento o problemas de la salud que sea crónico? WRITE NAMES OF CHART - IF NONE SKIP TO Q14

12. ASK THE FOLLOWING FOR EACH MEMBER OF THE HOUSEHOLD WITH HEALTH PROBLEM

¿Qué clase de problema es ese? (PROBE FOR NAME OF ILLNESS, SYMPTOMS, BODY PART AFFECTED. RECORD ON CHART, IF MORE THAN ONE CONDITION ASK FOR EACH ONE)

12a. ¿Está recibiendo (NAME) tratamiento o medicinas recetado por un doctor para este problema?

12b. ¿Cuanto tiempo hace que (NAME) ha tenido este problema?

12c. Aproximadamente, ¿Con qué frecuencia le impide a (NAME) hacer sus actividades habituales? o sea, ir al trabajo, hacer el trabajo de la casa, ir a la escuela, etc.

a. todos los días
b. unos días a la semana
c. unos días al mes
d. unos días al año
e. nunca

13. ¿Necesita (NAME) alguna ayuda especial o (necesita Ud.) necesita (el/ella) asistir clases especiales o recibir instrucción especial a causa de su impedimento o problema de salud?

Yes No (GO TO Q14)

13a. (IF YES) ¿Qué clase de ayuda, clases o instrucciones?

13b. ¿Está recibiendo (NAME) esta ayuda?

13c. (IF YES) ¿De quién está recibiendo (NAME) esta ayuda?
(IF NO) ¿Por qué (NAME) no está recibiendo esta ayuda?

14. ¿Hay algunos de los niños menores de 18 años que tienen algunas enfermedades o impedimentos que los limitan en alguna manera?

O sea,"Limitar" en el sentido que necesitan ayuda para comer, para vestirse, jugar o para competir con los otros niños en los deportes y el jugar en la escuela?

(IF YES) Write names on chart and repeat Q12 and Q13

(IF NO) Go to Q15

CHART B
Q 11-14

(11&14) NAME	(12) Illness/Disability (Symptoms, Body Part affected	(12a) Receiving Treatment Yes/No	(12b) How long condition existed	Limitation	(13) special help needed YES/NO	(13a) Type of help needed	(13b) Now Receiving Aid YES/NO	(13c) From whom help is received or why not received

USE CHART C Q15-20

WRITE NAMES OF ALL HOUSEHOLD MEMBERS

15. ¿Adónde va cada miembro de la familia usualmente para servicio dental - a qué persona o lugar? (PROBE FOR NAME OF DENTIST, CLINIC, ADDRESS, ETC.)

16. ¿Cómo supo (NAME) de este dentista/clínica? Fue de:

    a. Un amigo o pariente
    b. Otro personal médico
    c. Una sugerencia de una agencia (ESPECIFIQUE) _____
    d. Otro (ESPECIFIQUE) _____

17. ¿Cuándo fue la última vez que cada miembro de la familia fue examinado por un dentista? (YEAR/MONTH)

18. ¿Cuál de estos tipos de examenes o tratamiento dental recibío cada miembro de la familia cuando (EL/ELLA) visitó al dentista?

    WRITE LETTERS (S) OF ALL THAT APPLY

    a. examen do los dientes/chequeo
       (incluye rayos x o limpieza de los dientes
    b. curación de un problema dental
    c. enderezamiento de los dientes (frenillos)
    d. Otro (ESPECIFIQUE) _____

19. ¿Cuáles miembros de la familia tienen un problema dental actualmente... por ejemplo, una cavidad, un diente rotó, dentadura postiza que no quepa bien o algo más? (CHECK NAMES ON CHART - IF NONE SKIP TO Q20)

    19a. ASK THOSE WITH DENTAL PROBLEM ¿Cuál es el problema?

    19b. ¿Ha visitado (NAME) un dentista acerca de este problema?

20. ¿Le han impedido a Ud. o alguien más en la casa algunas de las siguientes razones para visitar un dentista durante el año pasado?

    WRITE ALL LETTERS THAT APPLY ON CHART

    a. No sabe a cuál dentista pueda visitar
    b. No puede pagarlo
    c. Perdería sueldo del trabajo
    d. No tiene transporte para ir
    e. El consultorio del dentista está muy lejos
    f. No puede conseguir una cita
    g. No puede hablar inglés
    h. No tiene nadie más para cuidar de los niños
    i. Tiene miedo de los dentistas
    j. Otras razones (ESPECIFIQUE) _____

CHART C
Q15-20

NAME	(15) Dentist Or Clinic	(16) Referral	(17) Last Visit	(18) Reason for Last Visit	(19) Dental Problem (CHECK NAMES)	(19a) Nature of Problem	(19b) Seen Dentist YES/NO	(20) Reasons for not seeing dentist

Q21-24 ASK ONLY FEMALE RESPONDENTS AGES 16-45

21. Tengo algunas preguntas sobre la planificacion familiar. ¿Cual de las siguientes declaraciones escribe mejor su necesidad por informes de planificación familiar?

_____ a. Quisiera tener más información

_____ b. Está satisfecho con su conocimiento actual

_____ c. No desea usar control de la natalidad

_____ d. Otro razon _____

22. ¿Ha hablado sobre planificación familiar con algunos de los siguientes:

CHECK ALL THAT APPLY

_____ A. Un amigo o pariente

_____ B. Doctor

_____ C. Enfermera

_____ D. Clínica de planificación familiar

_____ E. Farmacéutico

_____ F. Otra_____

23. Esta es una lista de las formas que pueden usar los hombres y las mujeres para evitar el embarazo. ¿Esta Ud. ahora usando una?

YES NO (GO TO Q24)

23a. (IF YES) ¿Me podría decir que clase de anticonceptivo esta Ud. usando ahora? (SHOW LIST, ASK (R) TO INDICATE LETTER)

_____ A. La pildora
_____ B. Dispositivo intrauterino
_____ C. Diafragma
_____ D. Condones (Preservativos)
_____ E. Espuma
_____ F. Ritmo
_____ G. Interrumpir el coito
_____ H. Abstinencia
_____ I. Esterilización de la mujer (Amarrarle las trompas)
_____ J. Esterilización del hombre (Vasectomía)
_____ K. Otra (especifique) _____

23b. (IF PILL OR IUD) ASK - ¿Donde lo consiguio?

_____ A. Doctor privado
_____ B. Clínica de planificación familiar
_____ C. Otra clínica (Especifique) _____
_____ D. Otro lugar _____

24. (ASK ONLY IF (R) ANSWERS NO TO Q23)

En el pasado, ¿ha usado Ud. algún tipo de anticoceptivo?
YES NO (GO TO Q25)

24a. (If YES) ¿Me podría decir cuáles metodos?

_____ A La pildora
_____ B Dispositivo intrauterino
_____ C Diafragma
_____ D Condones (Preservativos)
_____ E Espuma
_____ F Ritmo
_____ G Interrumpir el coito
_____ H Abstinencia
_____ I Esterilización de la mujer (Amarrarle las trompas)
_____ J Esterilización del hombre (Vasectomía)
_____ K Otra (especifique) _____

24b. (IF PILL OR IUD) ASK-¿Donde lo consequio?

_____ A Doctor privado
_____ B Clinica de planificación
_____ C Otra clínica (especifique)_____
_____ D Otro lugar _____

ASK ALL RESPONDENTS

25. ¿Hay alguien en la casa que está embarazada ahora?
YES NO (SKIP TO Q28)

26. (IF YES) ¿Quien está embarazada ?_____

26a. ¿Cuántos meses está (Ud. o Ella) embarazada? _____

27. ¿Ha visitado (Ud. O Ella) un doctor acerca de este embarazo?

YES NO (SKIP TO Q28)

27a. (IF YES) ¿Cuántas veces ha visitado (Ud. O Ella) al doctor?
_____

27b. ¿Cuántos meses de embarazo tenía (Ud. O Ella) cuando visitó el doctor por la primera vez? _____

28. Muchas veces hay problemas en la vida. A veces son problemas personales. A veces son problemas en el matrimonio o problemas con un niño o trabajo. Dentro de los últimos años, ¿ha ido ud. o alguien más en su casa voluntariamente a algunas de las siguentes personas para aviso y ayuda con un problema?

READ LIST CHECK ALL THAT APPLY

_____ A Un amigo o pariente

_____ B Sacerdote o ministro

_____ C Doctor

_____ D Psiquiatría o psicólogo

_____ E Consejero matrimonial, familiar o trabajador social

_____ F Abogado

_____ G Policia, Juez o alguien en los Juzgados

_____ H Maestro

_____ I Libro o escritor del periódico

_____ J Astrólogo, adivino, palmista

_____ K Otro (Especifique) _____

USE CHART D Q29

29. ¿Me podría decir si algunos de los siguientes se han hecho problemas para Ud. u otros miembros de la familia dentro del año pasado?
READ LIST - IF RESPONDENT ANSWERS YES GO TO QUESTIONS 29a.

29a. ¿Quién tiene este problema?

29b. ¿Fue (Name) a un lugar para ayuda con este problema? YES NO

(IF YES) 29c. ¿Por qué no ha ido para ayuda?

a. El problema no es muy serio
b. No sabiá adonde ir
C. No podría pagarlo
D. Habría perdido sueldo del trabajo
E. No puede hablar inglés
F. No tiene transporte
G. Otra razón (Especifique) _____ GO TO Q30

(IF YES) 29d. ?Adoñde fue (Name) para ¿yuda? (PROBE FOR NAME OR AGENCY AND TYPE OF PROFESSIONAL)

29e. ¿Cuántas veces visitó (Name) a esta persona dentro del último año?

29f. ¿Ayudó el prob[illegible] de (Name) mucho, un poco, o no?

CHART D Q29

	29a. Person who has problem (Name)	29b. Help sought YES/NO	(Circle one) 29c. Why not receiving 29d. Where receiving help	29e. # of times	29f. Did it help? very much	some	no
A. ¿Hay alguien que sufre de tension o nerviosidad?							
B. ¿Ha estado alguien muy triste o abatido?							
C. Se ha sentido alguien muy solo, lejos de su familia?							
D. ¿Hay alguno que ha tenido proble a con el trabajo o el desempleo?							
E. ¿Hay alguno que le ha afectado problemas con la familia o el matrimonio?							
F. ¿Hay alguno que tiene problema con la bebida o alcoholismo?							
G. ¿Hay alguno que tiene problema con drogas?							
H. ¿Hay alguno que tiene problema de relacionarse con otra gente?							
I. ¿Ha tenido problemas con los niños?							

30. Tenemos interés en saber si la gente esta recibiendo la clase de cuidado de la salud que necesitan. Esta es una lista de diferentes servicios de la salud. Mientras leo la lista, por favor dígame cual de estos servicios Ud. o alguien en su casa está usando o le gustaría usar si es disponible.

READ LIST - CHECK ALL THAT APPLY - GO BACK TO SERVICES CHECKED AND ASK Q30a &30b	30a. ¿Sabe usted donde este servicio es indisponible para usted en esta area?	30b. ¿Alguien en su casa ha usado este servicio en el año pasado? IF YES ASK----
____ A. Clínicas que proveen cuidado de la salud gratis o barato	A. _____	_____
____ B. Servicios de planificación familiar	B. _____	_____
____ C. Servicios de salud mental o servicios psiquiatría	C. _____	_____
____ D. Consejo de familia/matrimonial	D. _____	_____
____ E. Consejo acerca de drogas y alcoholismo	E. _____	_____
____ F. Guarderías y cuidado de los niños	F. _____	_____
____ G. Visitas a la casa por la enfermera de la salud pública antes/después del nacimiento del niño	G. _____	_____
____ H. Clínica para el niño sano	H. _____	_____
____ I. Información acerca de la nutrición	I. _____	_____
____ J. Clases para padres que esperan un niños	J. _____	_____
____ K. Primeras instrucciones de auxilios para emergencia	K. _____	_____
____ L. Clínicas de quiroprácticos	L. _____	_____
____ M. Buenas casas para ancianos	M. _____	_____
____ N. Servicio de enfermeras visitadoras	N. _____	_____
____ O. Clínicas de inmunizaciones	O. _____	_____
____ P. Servicios de emergencia	P. _____	_____
____ Q. Un doctor para toda la familia	Q. _____	_____
____ R. Mejor transporte a las facilidades de la salud	R. _____	_____
____ S. Clinicas y oficinas de doctores abiertos por las noches y los fines de semana	S. _____	_____
____ T. Doctores y facilidades médicas que quedan más cerca de la casa	T. _____	_____

31. ¿Me podría decir cuáles tres de estos servicios son los que Ud. y su familia necesitan más?

a._____ b._____ c._____

32. ¿Hay algunos servicios del cuidado de la salud que Ud. y su familia creen son muy importantes que actualmente no están proveidos en su área?

YES (SPECIFY) NO

a. _____

b. _____

c. _____

33. ¿Cómo podrían mejorar sus servicios a Ud. y su familia los doctores u otro proveedores del cuidado de la salud?

Person, Service, Facility	Suggestion for improvement
a. _____	_____
b. _____	_____
c. _____	_____

34. Por favor, dígame Ud. los nombres de algunas organizaciones en la área que las ayudan a las personas que hablan español para conseguir buenos servicios del cuidado de la salud.

a._____

b._____

c._____ OR DO NOT KNOW OF ANY (SKIP TO Q35)

34a. ¿Cuales de estos servicios ha conocido Ud.?

34b. ¿Que clase de ayuda le dieron?

	(34a) NAME OF ORGANIZATION	(34b) TYPE OF HELP RECEIVED
1.	_____	_____
2.	_____	_____
3.	_____	_____

35. ¿Conoce Ud. alguna clase de problemas de la salud que parecen más frecuentes entre la población de personas que hablan español?

YES NO (GO TO Q36)

35a. (IF YES) DESCRIBE _____

_____

_____

36. ¿Son bilingües en español e inglés el doctor y el personal donde va Ud. para cuidado de la salud?

YES NO

37. ¿Es necessario que miembros de la familia o amigos la acompañen a visitar al doctor?

YES NO

38. ¿Si su doctor o clínica fueran bilingües (en español e inglés) cree que sería una ayuda para Ud.?

YES NO

39. Cuando recibe instrucciones del doctor, farmaceutico o miembro del personal donde va para cuidado de la salud ¿en cuál lengua están escritas?

Inglés Español

39a. ¿Necesita Ud. ayuda en traducir las instrucciones?

YES NO

LAS SIGUIENTES PREGUNTAS SON PARA SABER EL COSTO MEDICINAL

40. ¿Hay algunos miembros de este hogar cubiertos por seguro medico o de hopital? Esto incluye seguro dado por el trabajo, un programa privado, "Medicare," "Medicaid" o beneficios de VA (administración de los veteranos).

NO (GO TO 40a.) YES (GO TO Q40b) Don't Know (GO TO Q41)

40a. Si no tiene seguro de la salud es porque:

_____A. No puede pagarlo

_____B. No es elegible para recibirlo

_____C. No lo quiere; no cree en él

_____D. Otra razon (especifique) _____

40b. Esta es una lista de diferentes tipos de seguros de la salud. Por favor, díganme quién en su casa está cubierto por cada uno de estos planes.

	All Family Members	Some (Specify)	None
A. Seguro dado por el trabajo			
B. Blue-cross/Blue Shield (A parte de empleo)			
c. Compañias privadas de seguro (A parte del empleo)			
D. Medicare (para los ancianos)			
E. Medicaid			
F. Militar o veterano			

41. (ASK ONLY IF (R) STATES SOMEONE IN HOUSEHOLD IS RECEIVING MEDICAID)
¿Ha oído del Early Periodic Screening Diagnosis and Treatment Program? (Este es un programa para niños menores de 21 años que reciben beneficios del Medicaid)

YES NO (GO TO Q42)

41a. (IF YES) ¿Cuales mi· .bros de la casa han usado este servicio?

_____ _____

_____ _____

_____ _____

42. Dentro del año pasado, necesitaba algún miembro de la familia algún servicio del cuidado de la salud pero no lo consiguió porque no lo podría pagar o porque su seguro no lo curbrió?

YES NO

42a. ¿Qué servicio era?_____

43. Desde que Ud. vive en Wisconsin, alguń miembro de su familia fue rechazado o le fue negado admisión a un hospital o a algún tipo de servicio por falta de un seguro o porque no pudo pagar inmediatamente?

43a. (IF YES) ¿Cuál servicio era este?_____

43b. ¿Doñde estaba? _____
(NAME OF PROVIDER, LOCATION)

USE CHART BELOW QUESTIONS 44-48. WRITE NAMES OF ALL HOUSEHOLD MEMBERS
Quisiera conseguir información para ayudarnos a interpretar las resultas de este estudio

44. ¿Cuál es el grado más alto o año que Ud. completó en la escuela?

¿Cuál es el grado más alto o año que el jefe de la casa completo?

INDICATE LETTER

a. 1-6
b. 7-9
c. 10-11
d. 12
e. algún tiempo en una universidad
f. título universitario
g. título avanzado.

45. ¿Me podría decir si cada miembro de la familia está trabajando tiempo completo, tiempo parcial, es un estudiante del tiempo completo, es madre de familia, inhabilitado para trabajar, jubilado, desempleado, o qué?

(IF EMPLOYED)
45a. ¿Qué clase de trabajo hace (Name)?
45b. (IF FARMWORK) ¿Es temporal, estacional?

46. ¿Ha tenido algún miembro de la familia instrucciones vocacional, técnica, o de negocios?

46a. (IF YES) ¿Qué clase?

47. ¿De dónde son los antepasados de cada persona en el hogar?

a. Mexicano
b. Mexicano-Americano
c. Centro-Americano, Sudamericano
d. Puertorriqueño
e. Cubano
f. Anglo
Otra raza_____

48. ¿Dónde nació cada miembro del hogar? (STATE OR COUNTRY)

NAME	44 Educ	45 EMPLOYMENT Work Status	45a Type Empl.	45b Seasonal Yes/No	46 Other School	47 Ethnic Heritage	48 Birthplace

49. ¿Cuánto tiempo hace que su familia ha vivido en este condado? _____
YEARS/MONTHS

50. Estas son algunas de las maneras en que la gente recibió su ingreso anual. ¿De cuál de estos recursos recibió Ud. o alguien en la familia ingreso en 1977? CHECK ALL THAT APPLY

_____ A. Sueldos o salarios (entradas de un empleo)
_____ b. Seguro Sociál u otra recompensas de jubilación o pensiones
_____ C. Administración de veteranos o asistencia de las fuerzas armadas
_____ D. Intereses o dividendos ingreso de renta
_____ E. Welfare (Ayuda pública)
_____ F. Indemnización de desempleo
_____ G. Indemnización de los trabajadores
_____ H. Asistencia mensual o semanal que se le da a los niños
_____ I. Amigos o parientes
_____ H. Otro (especifique) _____

51. Aproximadamente, ¿Cuál fue el ingreso total de la familia antes de los impuestos en 1977, considerando todos los recursos? ¿Me diría cuál letra representa su ingreso?

_____ A. Menos de $1,000
_____ B. $1,000-$1,999
_____ C. $2,000-$2,999
_____ D. $3,000-$3,999
_____ E. $4,000-$4,999
_____ F. $5,000-$5,999
_____ G. $6,000-$6,999
_____ H. $7,000-$9,999
_____ I. $10,000-$14,999
_____ J. $15,000-$24,999
_____ K. $25,000-Y mas

¿Tiene Ud. algunas preguntas acera de este estudio que pueda contestar ahora? Si tiene preguntas después pueda llamar la directora de este proyecto a este número: (PRESENT CARD)

****

Interview primarily in ( ) ENGLISH
( ) SPANISH
( ) BOTH

Time interview ended a.m. _____
p.m. _____

R's Cooperation was:

_____ EXCELLENT
_____ GOOD
_____ FAIR
_____ POOR

UNITED MIGRANT OPPORTUNITY SERVICES, INC.

P.O. Box 04129
809 WEST GREENFIELD AVENUE
MILWAUKEE, WISCONSIN 53204
Phone: 671-5700

July 26, 1978

United Migrant Opportunity Services, Inc., in cooperation with the Wisconsin Division of Health, is conducting a study of the health care needs of the resident Hispanic population in southeastern Wisconsin. Included are Waukesha, Ozaukee, Washington, Dodge, Jefferson, Racine, Kenosha, Walworth and Rock counties.

The purpose of this project is to:

1. Determine the current patterns of utilization of health care services by Hispanics living in those nine counties
2. Identify the provider resources available.
3. Identify the unique health needs or barriers to health care experienced by Hispanics
4. Make realistic reommendations for the solution of any problems discovered in the delivery of health care to Hispanics

A health survey of over 500 Hispanic households has just been completed in the nine county area. The results of this survey will be tabulated and analyzed shortly.

However, we also need to obtain the opinions of health care providers regarding health care for Hispanics, as well as to determine the resources now available to this group.

Therefore, enclosed you will find a questionnaire pertaining to health care services for Hispanics. Please fill out the questionnaire and return it in the envelope provided. Your time and cooperation are most appreciated. A copy of the report of this study will be available in the Fall. If you have any questions, please do not hesitate to call me at (414) 671-5700 Ext. 62. Thank you again for your help.

Sincerely,

Barbara Kvasnica

Barbara Kvasnica, Director
Hispanic Health Care Survey Project

#_____

HISPANIC HEALTH CARE PROVIDER SURVEY

Name of Agency/Practice _____

Name of Respondent _____

Address _____

Phone _____

1. Please indicate which of the following best describes your health care organization/practice.

   CHECK ONE

   _____ 1. Hospital

   _____ 2. Medical Clinic

   _____ 3. Family Planning Clinic

   _____ 4. Public Health Department

   _____ 5. School Health Department

   _____ 6. Doctor in Private Practice

   _____ 7. Doctor in Group Practice

   _____ 8. Dentistry

   _____ 9. Mental Health Clinic

   _____ 10. Psychiatry

   _____ 11. Counseling (Specify type) _____

   _____ 12. Social Service Organization (Specify type) _____
   _____

   _____ 13. Other (Specify) _____

2. How many individual Hispanic clients or enrollees did you have in 1977?

   Number: _____ Individuals

3. How many families does this number of enrollees represent?

   Number: _____ Families

LIST OF SERVICES	4. Please check the services your agency-practice provides	5. Which of these services do you provide most frequently to Hispanic clients?
A. Medical-surgical services		
B. Dental Services		
C. Emergency care services		
D. Health screening/physical examinations		
E. Family planning services		
F. Mental health/psychiatric		
G. Marriage/family counseling		
H. Drug counseling		
I. Alcoholism counseling		
J. Expectant parent classes		
K. Well-baby child care		
L. Day care/baby-sitting services		
M. Visiting Nursing services		
N. Home visits by public health nurse		
O. Immunizations services		
P. Nutrition information/Classes health education		
Q. First aid training		
R. Poison control services		
S. Geriatric services		
T. Services for retarded		
U. Vocational rehabilitation		
V. Other (specify) _____		
W. Other (specify)_____		

6. Approximately, within how many miles of your establishment does the majority of your Hispanic clients live?

_____ 1. Within 1 mile

_____ 2. Within 5 miles

_____ 3. Within 25 miles

_____ 4. Over 25 miles

7. Has the number of Hispanic clients served by you remained stable, increased or decreased over the last 5 years?

_____ 1. Remained stable

_____ 2. Increased

_____ 3. Decreased

_____ 4. Don't know

8. Are any members of your staff bilingual in Spanish and English with the ability to communicate in Spanish when providing health services to Spanish-speaking people?

_____1. Yes - 8a. How many persons are bilingual? #_____ persons

_____2. No - 8b. If you needed outside help in talking to a Spanish-speaking person, do you have an outside interpreter you can call on to help you?

_____1. Yes

_____2. No

8c. If you had a bilingual staff person, would it increase your effectiveness in serving the Hispanic population?

_____1. Definitely yes

_____ 2. Probably

_____ 3. Probably not; no

_____ 4. Don't know

9. Is it ever necessary for clients' family members or friends to translate when you or your staff works with them?

_____ 1. No

_____ 2. Yes - How often is it necessary for clients' family members or friends to translate for them?

_____ 1. Rarely

_____ 2. Occasionally

_____ 3. Often

_____ 4. Don't know

10. How many of your staff have received inservice training on the needs, customs, and language of Hispanic people?

_____ Persons

11. Indicate whether each of the following is a significant, moderate or minimal barrier in providing effective health-related services to the Hispanic population in this area

Significant Barrier	Moderate Barrier	Minimal Barrier		
_____	_____	_____	A.	Lack health insurance to pay for needed services
_____	_____	_____	B.	Don't know how to use services properly
_____	_____	_____	C.	Don't know services exist
_____	_____	_____	D.	Not able to communicate with health personnel due to language difficulties
_____	_____	_____	E.	Low income/can't pay for services
_____	_____	_____	F.	Do not see importance of preventive and regular health care
_____	_____	_____	G.	Services not available at a time and place that encourages their utilization
_____	_____	_____	H.	Don't think services are relevant to their needs
_____	_____	_____	I.	Fail to keep appointments
_____	_____	_____	J.	Insufficient state/federal funds to aid this group
_____	_____	_____	K.	Service providers have poor understanding of the health needs of Spanish-speaking people
_____	_____	_____	L.	Any other barriers (Specify) _____

12. Indicate how your agency/practice receives payment for health services provided to Hispanic clients. Number the following, using No.1 as the most frequently used method of payment.

_____A. No charge for services

_____B. Health insurance

_____C. Medicaid

_____D. Medicare

_____E, Military/VA benefits

_____F. Client pays out-of-pocket

_____G. Other (Specify)_____

13. What kinds of initiative has your agency/practice used to reach, inform, and direct Hispanic clients to available health services?

_____1. None

_____2. Notices

_____3. Brochures

_____4. Radio/television advertising

_____5. Newspaper advertising

_____6. Home Visits

_____7. Guest speakers

_____8. Other (Specify types)

_____

_____

14. Does your (agency/practice) provide any educational information or programs for the Hispanic community which are designed for the prevention of health or mental health problems?

_____1. No

_____2. Yes (DESCRIBE) Contents: Form: (Classes, Pamphlets, etc.)

A. _____ A. _____

_____ _____

B _____ _____

_____ _____

C _____ _____

15. Does your agency/practice provide any kind of follow-up program for your Hispanic clients?

_____ 1. None
_____ 2. Telephone
_____ 3. Letter/ Correspondence
_____ 4. Home Visit
_____ 5. Clinic-outpatient services
_____ 6. Other: _____

16. Does your agency/practice provide <u>any</u> <u>other</u> services which are geared specifically toward the Hispanic population?

(IF YES, DESCRIBE) _____
_____
_____

17. What health problem or needs seem to be more frequent in the Hispanic population than in the general population?

A. _____
B. _____
C. _____

18. In your opinion, what is necessary to improve health care for the Hispanic population?

_____
_____
_____

19. Do you have any programs beginning within the next year which will be geared specifically to the Hispanic population in your area?

_____ 1. No
_____ 2. Yes (DESCRIBE) _____
_____
_____

THANK YOU FOR YOUR TIME AND COOPERATION